

TEXAS INFECTIOUS DISEASES SOCIETY
MEMBERSHIP APPLICATION

Name: _____ Degree: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone No: (____) ____ - _____ Fax No: (____) ____ - _____

SSN (For CME Purposes): ____ - ____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone No: (____) ____ - _____

E Mail Address: _____

Please Circle What Applies:

Af filiation: Academic Private Military Public Health

Area of Interest: Adult Pediatric Lab

Surgery OB/Gyne Dental

Please Enclose your check in the amount of \$50.00 and mail to:

Texas Society of Infectious Disease
c/o Charles J. Lerner, M.D.
8042 Wurzbach, Suite 280
San Antonio, Texas 78229-3856