

Membership Application



The Tennessee Medical Association and its chartered component medical societies are organizations for physicians licensed to practice medicine in Tennessee who care about the quality, enjoyment and profitability of their practices and the integrity of the profession of medicine. Membership entitles you to all advocacy, education and professional development resources.

**UPPER CUMBERLAND
MEDICAL SOCIETY**

For Physician in practice Resident/Fellow Medical Student

PERSONAL

First: _____ Middle: _____ Last: _____ MD DO

Male Female Birth Date: _____ Last 4 of SS#: _____

TN Medical License #: _____

MEDICAL PRACTICE

Specialty: _____ Subspecialty: _____

Primary County of Practice: _____

ADDRESS/COMMUNICATIONS INFORMATION (Please check the preferred address for Association correspondence)

Primary Office Street/PO Box _____
City/State/Zip _____
Practice/Group Name: _____
Office Phone: _____
Office Fax: _____

Home Street/PO Box _____
City/State/Zip _____
Home Phone: _____
Mobile Phone: _____

Best Email: _____
(Please provide a personal or unique email to you, not a general practice email.)

Consent to receive email from UCMS-TMA:
 YES NO

HOW TO RETURN

MAIL: Tennessee Medical Association
701 Bradford Ave.
Nashville, TN 37204
FAX: 615.312.1890
PHONE: 615.385.2100 for questions or assistance

EMAIL: Scan and send to
membership@tnmed.org
For security reasons,
please do not send credit
card information via email.

Apply Online: <http://www.tnmed.org/joinNow>

DUES PAYMENT: \$570/Year
 Visa Mastercard Discover AmEx
 Check enclosed
Card# _____
Name: _____
Exp. _____ CVC: _____

SIGNATURE OF APPLICANT _____
DATE

In signing this application, if accepted as a member, I agree to conduct myself professionally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the component medical society and the TMA. I hereby release and hold harmless from any liability or loss the component medical society to which I am applying, the TMA, its officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications and hereby release from any liability any and all individuals who, in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character, and other qualifications for membership.