## Resident Member Application

Date of application: _____

**Name:** _____ **Date of Birth:** _____
(Last) (First) (Middle)

**Home Address**: _____ **Is this your primary address?** ☐ Yes ☐ No

City: _____ State: _____ Zip Code: _____

**Business Address**: _____ **Is this your primary address?** ☐ Yes ☐ No

Company Name: _____ Department: _____

City: _____ State: _____ Zip Code: _____

*Personal E-mail: _____ ☐ Do Not Display

*Work E-mail: _____ ☐ Do Not Display

*Phone: _____ ☐ Do Not Display *Cell: _____ ☐ Do Not Display

* *Unless indicated in the "Do Not Display" box, this information will be included in your online directory listing that can be viewed by other TSA members.*

Preferred E-mail: ☐ Personal ☐ Work Preferred Phone #: ☐ Phone ☐ Cell

**Primary Place of Practice** *(e.g., Hospital)*: _____ **Gender:** ☐ M ☐ F

**Hospital Address:** _____ Suite No: _____

City: _____ State: _____ Zip Code: _____ Years: _____ Degree: _____

**Medical School :** _____
(Location and Dates)

**Internship:** _____ **Residency:** _____
(Location and Dates) (Location and Dates)

**Texas Medical License:** _____ **Certification by:** ABA: _____
(State and Date) (Date) and (8-digit ABA I.D. #)

**Applicants Signature:** _____ **Date:** _____

## FOR PHYSICIANS IN FULL-TIME TRAINING

Present full-time training: _____
(Hospital)

City: _____ State: _____ Date Begun: _____ Proposed Termination Date: _____

_____ _____
(Program Director – Please Print) (Program Director Signature)

**FOR PHYSICIANS IN FULL-TIME MILITARY SERVICE**

Rank: _____

Duty Station: _____ Branch: _____

MEMBERSHIP IN GOOD STANDING OF THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
REQUIRES ADHERENCE TO THE ASA "GUIDELINES FOR THE ETHICAL PRACTICE OF ANESTHESIOLOGY."

**Email completed form to:**
Texas Society of Anesthesiologists
info@tsa.org

**Or fax to:**
Attn: Membership
(512) 370-1655

**Applications are processed on the 15th of each month.**

**TO BE COMPLETED BY COMPONENT SOCIETY SECRETARY**

Approved as a(n) _____member in good standing of the
(Category)

_____ Society of Anesthesiologists.
(Component)

_____ _____
(Date) (Secretary of Component Society)