



North Texas Latin American
NTLAPA
 Physicians Association

Official use only:

Membership #: _____
 Membership fee: \$ _____
 Method of Payment: _____
 Check #: _____
 By: _____

Membership Application 2019

Category of Membership (Circle One): New Renewal

Name: _____

Mailing Address: _____

Business Address (for website): _____

Work Phone Number (for website) (____) ____ - _____

Mobile or Home Phone Number (____) ____ - _____

Office/Business WWW/WEB Address (to place on NTLAPA website): _____

Email Address: _____

Specialty: _____

Medical School: _____

Residency Program: _____

Please indicate how you learned about NTLAPA: _____

Are you interested in becoming actively involved? (Please circle one below)

- Yes, I would like to become actively involved, and have time to devote.
- Yes, I would like to become actively involved, but have limited time to devote.
- No, I do not wish to be actively involved, but do wish to take advantage of NTLAPA membership benefits.

If you would like to be actively involved and have time to devote would you like to hold a position in a committee or be part of the board? (Please circle one) Yes No

If you answered yes, what position or committee (membership, communications/website, and scholarship/community, social) are you interested in? _____

To become a member, please **fill out this application completely** and submit it with your **membership fee** to any NTLAPA Board member or mail it to:

NTLAPA
 PO BOX 2362, Frisco, TX 75034
 Or visit us at WWW.NTLAPA.COM

I would like to become a member of the North Texas Latin American Physicians Association (NTLAPA), and have filled out this application completely and accurately. I am submitting dues of \$_____ along with my application and agree that this information will held on my record for as long as I am a member. I will also follow the mission statement and bylaws passed by the organization which I have read.

I would also like to sponsor \$_____ to further benefit the organization. All dues and business sponsorships could be a business tax deductible with our 501(c)6 nonprofit status. Please consult an accountant.

Applicant Signature: _____ Date: ____/____/____

The NTLAPA Membership Fee will be \$200 per year starting 01/01/19 until 12/31/19. There is no prorated fee for 2019. This fee is non-refundable and will be used 100% towards all NTLAPA nonprofit scholarships, meetings and events. Make checks payable to NTLAPA.