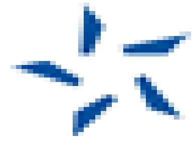
Medical Student Membership Application



Biographical Information

Last Name: First Name:

Middle Initial: Suffix: Birth Date: MM/DD/YYYY Gender:

Mailing Address:

City: Province/State: Postal Code:

Telephone (with Area Code): Email:

Medical School Attending:

Mailing Address:

City: Province/State: Postal Code:

Country: Date Entered Medical School: MM/YYYY Expected Date of Graduation: MM/YYYY

Please accept my application for Medical Student membership in the Texas Society of Psychiatric Physicians. I understand that I am eligible for TSPP Medical Student membership as long as I am enrolled in an accredited U.S. or Canadian medical school. If, upon graduation, I have chosen to enter an approved psychiatric residency training program, I will then be eligible to apply for membership as an APA/TSPP Resident-Fellow Member. My signature indicates that I agree to abide by the Bylaws of the TSPP; as well as the procedures outlined in the Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry, that TSPP may publish my membership data to its members, license or sell my name, address, phone number and/or e-mail to third parties, and provide government authorities all information pertaining to me if in receipt of a subpoena from authorities. I will hold TSPP harmless from any and all liability arising out of or relating to my membership, including but not limited to, decisions concerning membership, ethics, and/or the provision or storage of my personal and/or financial information. Any disputes that arise out of or relate to this Agreement and/or my membership shall be governed by District of Columbia law without regard to its choice of law principles and any hearings or proceedings shall be heard in the state of District of Columbia; and I pledge myself to the highest standards of ethical practice and conduct.

Signature Date:

Join Today!

Texas Society Of Psychiatric Physicians
Membership Department

401 West 15th Street
Austin, Texas 78701

Fax:
512.478.5223
Email:
tsppofc@aol.com