

## MEMBERSHIP APPLICATION ANNUAL MEMBERSHIP RUNS FEBRUARY TO FEBRUARY

Name						Date _	
Circle One:	Renew	al			New	Member	
Facility/Agency _							
Facility Address _							
City/State & Zip _							
Office Phone (	)				Perso	nal Phone (	)
Current Position _			_ Er	nail			
Facility Designation	n Level:	I	II	III	IV	In Pursuit	Not Designated
hospital designati Medical issues. Co Populations, Publi Mentorship. Votin Annual dues of \$2 <b>Texas Trauma Co</b>	regularly a on, and legonmittees c Relation ng privilego 5 can be pa oordinaton rent from	and shislation includes /Leg es are aid in the retail t	ares i on info de: Lev islativ exten perso rum, F eceipt	nformation or matically and the second secon	ntion regan Level I I Raisin all dues neral M 177, W	garding trauma and the state of	system development, and Emergency ry Prevention, Special auma Registry, and rs.  tings or via mail to: 4.76307.  The next calendar year.
Member's Signatu	re						