



1100 E. Woodfield Road, Suite 350 | Schaumburg, IL 60173
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Application for Membership

Membership Categories

I am applying for membership as a:

- Physician – \$20.00 (Annual Dues / Application Fee)**
 Affiliate Healthcare* – \$20.00 (Annual Dues / Application Fee)

**Affiliate Healthcare Members shall be individual affiliate healthcare professional in good standing who are involved in the ongoing care of patients or education of rheumatic diseases (PhD, Researchers, Mid-levels, RN, NP, PA, Practice Administrators).*

First Name _____ **Gender** M or F

Last Name _____

Degree(s) _____ **Preferred Mailing Address** Office Home

Office Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Email _____ **Date of Birth** _____

Board Certification _____ **Date** _____

Signature of Applicant _____ **Date** _____

Payment Information

- Check (Payable to Tennessee Rheumatology Society) Visa MasterCard American Express

Please note: If paying by credit card, the name WJ Weiser & Associates (the management company of TRS) will appear on your statement.

Card Number: _____ Expiration Date: _____ CVV#: _____

Cardholder's Signature: _____

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.