

VAMA-GH Member's Information Form:

(Please mail this form back to: **VAMA-GH; PO Box 1259; Bellaire, TX 77402-1259**)

(Or send a clear electronic copy to: vama.gh@gmail.com)

I. Professional Information:

(To be published in our Houston VAMA Directory, as space allows)

Name: Last _____; First _____; Middle _____

M.D. _____ D.O. _____

Preferred Name (optional): _____

Specialty / Subspecialty/ Interests: _____

Affiliation / Group Name (optional): _____

1. Main Office

Address: _____

Telephone: _____; Fax: _____

Office Email (optional): _____ Region (see # below): _____

Website: _____

2. 2nd Office

Address: _____

Telephone: _____; Fax: _____

Office Email (optional): _____ Region (#): _____

3. 3rd Office

Address: _____

Telephone: _____; Fax: _____

Office Email (optional): _____ Region (#): _____

Regions – location(s) of office(s). Check appropriate areas:

1. Woodlands/ North Houston _____, 2. Northwest/ Cy-Fair/ 290 _____

3. Katy/ West Houston _____, 4. Bellaire/ Southwest Houston _____

5. Sugarland/ SSW Houston _____; 6. Pearland/ South Houston _____

7. Clear Lake/ Southeast Houston _____; 8. Pasadena/ East Houston _____

9. Humble/ Kingwood/ Northeast Houston _____

10. Downtown/ Inside Loop 610/ Central Houston _____

Additional Information (what you want to tell your patients...)(optional):

II. Personal Information:

(Not to be published – only for our records)

Home Address:

Home Phone: _____

Home Fax Number: _____

Personal Email: _____

Cell Phone (optional): _____

Spouse's Name (optional): _____.

Spouse's Profession (optional): _____

Children's Name(s) & Age(s) (optional):

Medical School (optional): _____

Year of Graduation (optional): _____

III. Contact Preference:

The Houston VAMA communicates with its members mainly via email(s).

Please give us your preferred email address (one that you do, hopefully, check frequently):

Preferred E-mail: _____

IV. Permission to Publish Professional Information:

I, the undersigned, give permission to the Houston VAMA to publish my Professional Information (section I) in the organization's approved publications.

Signature: _____

Date: _____

Thank You for your membership and support. Please mail this form back to:

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