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Member Registration Form

LAST NAME | FIRST NAME | M.I.

Institution or College or University Appointment or enrolled at

Office#: ( ) - -

Department or Program or Specialty

FAX#: ( ) - -

Where do you work?

Institutional Email:

Institution or School or Work Address / RM# / MS# / MC#

City | State | Zip

Institution ID#:

☐ Faculty-Academic (Teaching & Research)	☐ Student-Graduate	☐ Fellow	☐ Staff-Allied Health
☐ Faculty-Adjunct	☐ Medical Student	☐ Resident	☐ Staff-Clinical/Nursing
☐ Faculty-Administrative	☐ Student-Undergraduate	☐ HARLIC-Faculty	☐ Staff-Research/Administrative
☐ Harris County Medical Society Member	☐ Special/Observer/Temp	☐ HARLIC-Student	☐ Staff-Services: Clerical, dietary, Maintenance

Home Information

Address | Apt. # | Home #: ( ) - -

FAX#: ( ) - -

City | State | Zip

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