

# Houston Psychiatric Society

1515 Hermann Drive  
Houston, TX 77004-7126  
713-524-4267 ext. 224

Annual Houston Psychiatric Society Dues \$200

By submitting this renewal form, I authorize the HOUSTON PSYCHIATRIC SOCIETY (HPS) to charge the credit card listed below for annual HPS membership dues. The charge will appear on my credit card statement as Texas Medical Association (TMA) and the statement will act as a receipt. The process will be repeated at the end of each membership year. My signature authorizes the HOUSTON PSYCHIATRIC SOCIETY to continue to charge your credit card per the terms above.

At any time you may resign from HPS. A resignation must be received in writing via email, fax or mail.

You agree to inform HOUSTON PSYCHIATRIC SOCIETY of any changes made to your credit card, such as a change in account. If HPS is unable to successfully make a charge to your credit card, HPS will contact you to make any changes or corrections to your record. If your record is not updated by December 31 of the billing year, this agreement will be considered void, and your membership will be delinquent.

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***I agree to the above terms to automatically renew my membership dues in Houston Psychiatric Society.***

Please complete and return this form. Fax to our secured fax at 713-528-0951.

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Email \_\_\_\_\_

**Note: This email will receive all notifications regarding annual dues billing.**

Credit Card Number \_\_\_\_\_ **MC/DC/VISA/AMEX** (Circle One)

Expiration Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_