Texas Gulf Coast Gastroenterological Society

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

Annual Texas Gulf Coast Gastroenterological Society Dues $80

By submitting this renewal form, I authorize the TEXAS GULF COAST GASTROENTEROLOGICAL SOCIETY (TGCGS) to charge the credit card listed below for annual TGCGS 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 TEXAS GULF COAST GASTROENTEROLOGICAL SOCIETY to continue to charge your credit card per the terms above.

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

You agree to inform TEXAS GULF COAST GASTROENTEROLOGICAL SOCIETY of any changes made to your credit card, such as a change in account. If TGCGS is unable to successfully make a charge to your credit card, TGCGS 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.

I agree to the above terms to automatically renew my membership dues in Texas Gulf Coast Gastroenterological 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 <u>all</u> notifications regarding annual dues billing.

Credit Card Number_____**MC/DC/VISA/AMEX** (Circle One)

Expiration Date_____ Name on Card_____

Signature _____ Date _____