

TMC ALUMNI ASSOCIATION 2025 Membership Application Form

Name:	Date:	
Address:		
Telephone: Cell #:	CityState/Zipcode Home #:	
Email Address:		
	Newsletters and other notices? Yes Q No B FORM, THE ANNUAL DUES NOTICE, AND MEMBERSHIP ROSTER WILL CONTIN	q NUE TO
DO YOU PREFER A PHONE CALL RE	EMINDER FOR LUNCH MEETINGS? Yes q N	lo q
CAN YOU RECEIVE TEXT MESSAGES	S ON YOUR CELL PHONE? Yes q No o	q
TMC Employment (JOB TITLE, UNIT/DEPARTMENT, AND	D APPROXIMATE TOTAL YEARS EMPLOYED AT TMC):	
	Years:	
Emergency Contact Person & Phone #: (HELF	PFUL IF WE ARE CONCERNED FOR YOUR WELL-BEING).	
Birthday (Month and Day only):		
Comments/Suggestions (We want your INPUT – i CHOICES, ACTIVITIES, WOULD YOU SERVE ON THE BOARDAN	i.e., LECTURE TOPICS, SPEAKERS, RESTAURANTS, LUNCHEON FOC ND PREFERRED CAPACITY):)D

Return this form and your check for \$18 (for dues through 2025) payable to **TMC Alumni** Association to the Treasurer at the next luncheon meeting, or by mail to:

TMC Alumni Association Treasurer 2452 North Redington Place, Tucson AZ 85749

THE TMC ALUMNI ASSOCIATION IS A SOCIAL AND PHILANTHROPIC ORGANIZATION OF FORMER EMPLOYEES OF TMC HEALTH/TUCSON MEDICAL CENTER OR OTHER PERSONS CLOSELY ASSOCIATED WITH TMC WHO DESIRE TO CONTINUE AN AFFILIATION WITH TMC. LUNCHEON MEETINGS ARE NORMALLY HELD ON THE FIRST THURSDAY OF EACH MONTH, SEPTEMBER THROUGH MAY AT LOCATIONS ON OR NEAR THE TMC CAMPUS. OCCASIONALLY, LUNCHEONS ARE HELD AT LOCAL RESTAURANTS. MOST MEETINGS FEATURE A SPEAKER WITH SUBJECTS DESIGNED TO BE OF INTEREST TO MEMBERS, INCLUDING HEALTHCARE INNOVATIONS, CHARITABLE EFFORTS, AND NEEDS IN THE TUCSON AREA AND A VARIETY OF OTHER ISSUES RELATING TO HEALTH, MEDICAL CARE, MEDICAL FACILITIES, AND COVERAGE PROGRAMS, PLUS CONTINUING UPDATES AND INFORMATION ON TMC HEALTH SERVICES AND FACILITIES AND THE HEALTH INDUSTRY IN GENERAL. PLEASE DIRECT ANY QUESTIONS TO THE ALUMNI TREASURER, AT (520) 241-6799 OR EMAIL TO TMCALUMNIASSOC@GMAIL.COM.