

**TEXAS IDTF ASSOCIATION
FACILITY MEMBERSHIP FORM**

FACILITY NAME _____

FACILITY ADDRESS _____

FACILITY PHONE # _____

FAX _____

EMAIL _____

CONTACT PERSON _____

PHONE _____

EMAIL _____

CORPORATE INFORMATION (IF APPROPRIATE)

NAME _____

ADDRESS _____

PHONE _____

FAX _____

Please check one of the dues options below.

2012 TX IDTF Dues Structure - Per Center Cost			
# of Centers in TX	Monthly	Quarterly	Yearly
1 (same as prior)	___ \$ 225	___ \$ 650	___ \$2,500
2 to 5 (15% Discount)	___ \$ 191	___ \$ 553	___ \$2,125
6+ (25% Discount)	___ \$169	___ \$ 488	___ \$1,875

Please email your application to us at: jkf1@texas.net or forward payment and completed form to our association office at 823 Congress, Suite 620, Austin, Texas 78701. Thank you for your participation. With your help, Independent Diagnostic Testing Facilities will remain a viable partner in the provisions of diagnostic health care services.