

TPA Member Directory Information

New Member Renewal Update

Name: _____

(Nickname in parentheses, please)

Preferred Email Address: _____

Business/Firm Name, Address, ZIP: _____

Business Phone: _____

Area(s) of Specialty/Interest/Education: _____

Certification(s): _____

Describe Firm/Employer's business or practice: _____

The following personal information is voluntary. Please indicate your permission to publish the following information in the TPA Directory which is in the "Members Only" section of TPA's website . _____ **OK to Publish in Directory**

Home Address: _____

Home Phone: _____

Cell Phone: _____

Please print clearly and fill in all information. Return form via fax or e-mail to the Membership Chair, Valarie Hall, vhall@lrlaw.com, fax no. (520) 622-3088.