

# Tennessee Medical Association

## TN MEDICAL AND PHARMACEUTICAL COUNCIL

### 2023 APPLICATION

As a representative of \_\_\_\_\_, I acknowledge that our company is licensed and actively engaged in business in the State of Tennessee.

I understand and support the purpose for which the Council was created and hereby submit the following person(s) for consideration as a member(s) of the Tennessee Medical and Pharmaceutical Council.

#### REPRESENTATIVE #1

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Name

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Your mailing address (City, State, Zip)

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Your best phone number

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Your best email address

#### REPRESENTATIVE #2

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Name

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Your mailing address (City, State, Zip)

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Your best phone number

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Your best email address

I understand and commit the financial consideration for support of the Council is \$5,000 annually per sponsoring organization. I understand that I will receive the invoice as such.

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Representative #1 - Sign & Date

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Representative #2 - Sign & Date