

TEXAS SOCIETY FOR ADVANCEMENT OF HEALTH PROFESSIONS

Membership Application

- Individual Member (\$35)
 Student Member (\$5)

Member's Name:

Discipline/
Specialty

Institution:

Mailing Address:

City/State/Zip:

Email Address:

Telephone number:

Contact Administrative Staff Person/Email:

PAYMENT:

Check: Make checks payable to TSAHP: Check #

Credit Card: Master Card Visa Discover American Express

Account Number Expiration Date

Credit Card Code (three digits on back of card) Billing Zip Code

Name on Card

Authorized Signature

SUBMIT: Save and return completed application along with payment to:

US Mail: Shirley McGraw, Executive Director; 7121 North Holiday Drive; Galveston, Texas 77550

Online: Save this form and upload to the [TSAHP Online Portal](#). Must have a Google account to use the portal.