

TEXAS SOCIETY FOR ADVANCEMENT OF HEALTH PROFESSIONS INSTITUTIONAL MEMBERSHIP FEE APPLICATION

TSAHP INSTITUTION MEMBERSHIP DUES:

Please select an option and include names of the institution's representatives below.

- Institution Membership and One (1) representative - \$500
- Institution Membership, One (1) Primary Representative and Four (4) representative - \$650
- Institution Membership, One (1) Primary Representative, and Eight (8) representative - \$900
- Institution Membership, One (1) Primary Representative, and Fourteen (14) representative - \$1,500

Institution Name:

Mailing Address:

City/State/Zip:

Telephone number:

Contact Administrative Staff Person and Email:

	Member's Name	Email Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

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)

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.