



INVOICE FOR MEMBERSHIP FEE

Texas Society of Allied Health Professions

To:

Date:

FY 2016 TSAHP Institution Membership Dues:

January 1 – December 31, 2016

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

- Institution Membership and One (1) representative - \$300
- Institution Membership, One (1) Primary Representative and Four (4) representative - \$450
- Institution Membership, One (1) Primary Representative, and Eight (8) representative - \$600
- Institution Membership, One (1) Primary Representative, and Fourteen (14) representative - \$1,000

Contact Administrative Staff Person and Email:

Representative's Name(s)

Email Address

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

Fee Payment:

Check:

Credit Card:

Check #

Master Card

Discover

Visa

American Express

Account Number

Expiration Date

Credit Card Code

(on back of card)

Name on Card:

Authorized Signatures:

Please return completed application along with payment to the following address. Checks should be made payable to TSAHP.

Shirley McGraw, Executive Director
 Physician Assistant Studies/School of Health Professions
 University of Texas Medical Branch
 301 University Boulevard
 Galveston, Texas 77555-1145

