



TEXAS SOCIETY OF ALLIED HEALTH PROFESSIONS

Membership Application

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

Name (First, Middle Initial, Last)
Degree

Job Title:

Primary Health Specialty:

Type of Job:

<input type="checkbox"/> Clinical	<input type="checkbox"/> Research/Development
<input type="checkbox"/> Educator/Faculty	<input type="checkbox"/> Vocational
<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> Other <input type="text"/>

Institution/Organization:
Type of Institution:

- | | |
|---|---|
| <input type="checkbox"/> Vocational or Technical School | <input type="checkbox"/> Hospital or Medical Facility |
| <input type="checkbox"/> Junior or Community College | <input type="checkbox"/> Medical School/Health Center |
| <input type="checkbox"/> Senior College or University | <input type="checkbox"/> Government or State Agency |
| <input type="checkbox"/> Other <input type="text"/> | |

Member's Mailing Address

City, State Zip

Telephone: Business

Fax

Email:

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

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

For Office Use:

Check Number
Date Received
Amount
Check Name