

# TEXAS SOCIETY FOR ADVANCEMENT OF HEALTH PROFESSIONS INSTITUTIONAL MEMBERSHIP FEE APPLICATION

**TSAHP INSTITUTION MEMBERSHIP DUES:**

**January 1 – December 31, 2024**

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

**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)  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.