

TEXAS SOCIETY FOR ADVANCEMENT OF HEALTH PROFESSIONS INSTITUTIONAL MEMBERSHIP FEE APPLICATION

TSAHP INSTITUTION MEMBERSHIP DUES:

January 1 – December 31, 2023

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		
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12		
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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.