

# TEXAS SOCIETY FOR ADVANCEMENT OF HEALTH PROFESSIONS

## Membership Application

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

Member's Name:

Discipline/  
Specialty

Institution:

Mailing Address:

City/State/Zip:

Email Address:

Telephone number:

Contact Administrative Staff Person/Email:

### 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.