TEXAS SOCIETY FOR ADVANCEMENT OF HEALTH PROFESSIONS
INSTITUTIONAL MEMBERSHIP FEE APPLICATION

TSAHP INSTITUTION MEMBERSHIP DUES:

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

- ☐ Institution Membership and One (1) representative - $500
- ☐ Institution Membership, One (1) Primary Representative and Four (4) representative - $650
- ☐ Institution Membership, One (1) Primary Representative, and Eight (8) representative - $900
- ☐ Institution Membership, One (1) Primary Representative, and Fourteen (14) representative - $1,500

Institution Name:

Mailing Address:

City/State/Zip:

Contact Administrative Staff Person and Email:

	Member's Name	**Email Address**
1		
2		
3		
4		
5		
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15		

PAYMENT:

Fee Payment: Check: # (Payable to: TSAHP)

Credit Card: Master Card ☐ Visa ☐ Discover ☐ American Express ☐

Account Number: Expiration Billing Zip

Name on Card: Code (on back of card)

SUBMIT completed registration form to: TSAHP Online Portal.

Questions:

Shirley McGraw, Executive Director
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