

TEXAS SOCIETY FOR ADVANCEMENT OF HEALTH PROFESSIONS

Membership Application

- ☐ Individual Member (\$50)
☐ Student Member (\$15)

Member's Name:

Discipline/
Specialty

Institution:

Mailing Address:

City/State/Zip:

Email Address:

Telephone number:

Contact Administrative Staff Person/Email:

PAYMENT:

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

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

Account Number:

Expiration

Billing Zip

Name on Card:

Card Code (on back of card)

SUBMIT completed registration form to: [TSAHP Online Portal](#).

Questions:

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