



# TEXAS SOCIETY OF ALLIED HEALTH PROFESSIONS Membership Application

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

Name (First, Middle Initial, Last) \_\_\_\_\_ Degree \_\_\_\_\_

Job Title: \_\_\_\_\_

Primary Health Specialty: \_\_\_\_\_

- Type of Job:
- Clinical
  - Research/Development
  - Educator/Faculty
  - Vocational
  - Administrative Staff
  - Other \_\_\_\_\_

Institution/Organization/Agency: \_\_\_\_\_

**Type of Institution:**

- Vocational or Technical School
- Hospital or Medical Facility
- Junior or Community College
- Medical School/Health Center
- Senior College or University
- Government or State Agency
- Other \_\_\_\_\_

**Member's Mailing Address**

\_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: Business (\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Fee Payment:** Check:  Check # \_\_\_\_\_  
 Credit Card: Master Card  Visa   
 Discover  American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Credit Card Code \_\_\_\_\_ (on back of card)

Name on Card: \_\_\_\_\_

Authorized Signatures: \_\_\_\_\_

Please return completed application along with payment to the following address. Checks should be made payable to TSAHP.

Shirley McGraw, Executive Director  
Department of Physician Assistant Studies  
School of Health Professions  
University of Texas Medical Branch  
301 University Boulevard  
Galveston, Texas 77555-1145

Date Received \_\_\_\_\_  
Amount \_\_\_\_\_