



# TEXAS SOCIETY OF ALLIED HEALTH PROFESSIONS Institutional Membership Application

**Institutional Memberships** (select one)

- Institutional Membership and One Primary Representative (\$300)
- Institutional Membership, Primary Representative and Four Faculty Members (\$450)
- Institutional Membership, Primary Representative and Eight Faculty Members (\$600)

**Institution Name:** \_\_\_\_\_

**Mailing Address**

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

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

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

**Contact Administrative Staff Person:**

\_\_\_\_\_  
Email Address

**Institutional Members:** (\$300 – one member; \$450 – primary + four members; \$600 – primary + 8 members). Please list representatives below.

- (1) \_\_\_\_\_ Email Address
- (2) \_\_\_\_\_ Email Address
- (3) \_\_\_\_\_ Email Address
- (4) \_\_\_\_\_ Email Address
- (5) \_\_\_\_\_ Email Address
- (6) \_\_\_\_\_ Email Address
- (7) \_\_\_\_\_ Email Address
- (8) \_\_\_\_\_ Email Address
- (9) \_\_\_\_\_ Email Address

**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 \_\_\_\_\_