

# Texas Society for Public Health Education



## Membership Registration Form

The TSOPHE membership period is from January 1 to December 31.

Please complete all sections of the form below.

If you have any questions, please email TSOPHE at: [texasophe@gmail.com](mailto:texasophe@gmail.com)

### Status

**New**

**Renewal**

### Membership Type

**Active Membership \$30.00**

**Student/Retiree Membership \$20.00**

### Degree(s)/Credentials

### CHES/MCHES #

### For Student Membership

**Only:** Please Indicate your Institution, Major, and Anticipated Graduation Date

**Please send all correspondence to my:**

**Home address**

**Business address**

## Personal Information

**First Name**

**Last Name**

**Street Address (Home)**

**City**

**State**

**Zip Code**

**Phone Number**

**Cell Phone**

**E-mail**

**Race/Ethnicity**

## Business Information

**Company**

**Job Title**

**Street Address**

**City**

**State**

**Zip Code**

## Additional Information

**How did you hear about  
TSOPHE?**

### **TSOPHE Committees**

Please indicate the committee(s)  
in which you are most interested  
(select all that apply)

**Advocacy/Legislation**

**Auditing**

**Communications**

**Constitution & Bylaws**

**Continuing Education (CHES)**

**Membership & Recruitment**

**Professional Preparation**

**Program Planning**

**Recognition/Awards**

**Serving on TSOPHE Board**

**Are you currently a member  
of National SOPHE?**

**Yes**

**No**

**I would like more information**

## Payment Information

**Payment Method**

**Credit Card**

**Check**

Please make checks payable to **TSOPHE** and mail to:  
Membership Committee TSOPHE, PO Box 814, Stafford, TX 77497