



**APPLICATION FOR MEMBERSHIP**  
**(PLEASE PRINT OR TYPE)**

**INSTITUTIONAL INFORMATION:**

Current Membership Status (Check one):  New  Renewal

Name of Institution: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Website: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Type of institution:

Public  Private  Consortium of regionally accredited institutions

Course Delivery:

Local campus  Online  Local campus and online programs

Regional Accreditation Affiliation: \_\_\_\_\_

Current Degree offerings: (Attach additional documentation if necessary)

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

Why is your institution interested in joining TBHEA?

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

**REPRESENTATIVE INFORMATION:**

Name of Local Contact: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Secondary Contact: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**BILLING INFORMATION:**

Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Dues will be assessed once offer of membership has been extended:**

\$400 PER ANNUM (if becoming a member between January 1<sup>st</sup> and June 30<sup>th</sup>)

\$200 HALFYEAR DUES (if becoming a member between July 1<sup>st</sup> and December 31<sup>st</sup>)

**Return the Application to:**

Justin R. Giacomino  
Walden University  
President – TBHEA  
[Justin.Giacomino@WaldenU.edu](mailto:Justin.Giacomino@WaldenU.edu)  
Fax: 813-994-9617