



APPLICATION FOR MEMBERSHIP
(PLEASE PRINT OR TYPE)

INSTITUTIONAL INFORMATION:

Current Membership Status (Check one): New Renewal

Name of Institution: _____

Primary Address: _____

City: _____ STATE: _____ ZIP: _____

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 Primary 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 1st and June 30th)

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

Return the Application to:

Dr. Jennifer Beyer
c/o University of South Florida Polytechnic
3433 Winter Lake Road
Lakeland, FL 33803

Application may be submitted via email to info@tbhea.org