



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: _____

Email: _____

Name of Secondary Contact: _____

Title: _____

Mailing Address: _____

Office Phone: _____ Cell Phone: _____

Email: _____

BILLING INFORMATION:

Name: _____

Title: _____

Mailing Address: _____

Office Phone: _____ Cell Phone: _____

E-mail: _____

“Dues will be assessed once offer of membership has been extended: The incoming Board of Directors will vote each year by a 2/3 majority on the amount of annual membership dues required for the organization based upon the new fiscal year budget.

Dues will typically range from \$200 to \$400 per member school per calendar year. New member dues are \$400. Each year, the Board of Directors will review and either approve or revise the TBHEA Standing Rules. For more information, please see TBHEA Standing Rules link.”

Return the Application to:

TBHEA - President

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