



TxOHC Membership Agreement

I am current member of TxOHC?

- Yes
- No

I am applying/renewing as a(n):

- Associate Member - Complimentary
- Student Member - complimentary
- Active Member - **\$50.00 Annual Fee**
- Organization Member - **\$150.00 Annual Fee**

Full Name: _____

Credentials: _____ Title/Position: _____

Employer: _____

Email: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Notes: _____

Who should we thank for encouraging you to join TxOHC? _____

If Applicable, please answer the following:

Renewing members, please include your Member ID#: _____

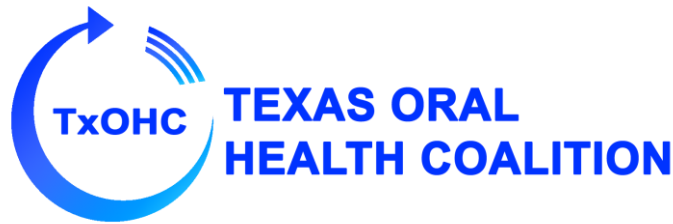
Organizational Member Name: _____

Student Members, please answer the following:

Name of Accredited Institution: _____

School, Department/Program: _____

Graduation Date: _____



If you are interested in participating in your local community, please select the regional coalition closest to you so the regional coordinator may contact you.

- Houston Oral Health Coalition
- Austin Oral Health Network
- North Central Oral Health Network (Dallas/Fort Worth/Tyler)
- San Antonio Oral Health Coalition
- My area is not represented, I would like to discuss starting a ROHC in my area.

Statement of Principles: (Requires Signature Below)

The Texas Oral Health Coalition, Inc. (TxOHC) is a statewide 501(c)(3) nonprofit leading efforts to achieve optimal oral health across the lifespan.

TxOHC is the primary organization in Texas that provides a nonpartisan forum which allows a diverse network of stakeholders to collaborate and create innovative and viable solutions to improve oral health for all Texans. Our members encourage collaboration to foster whole person health, eliminate oral disparities and address health inequalities for underserved populations. If you envision optimal health for all Texans, then we would like to invite you to apply for membership and partner with our Coalition.

I support in principle the Texas statewide Oral Health Coalition and choose to be part of the Coalition for the betterment of all Texans.

Signature: _____

Associate and student members may print and mail this form to the address below or return it via email to info@txohc.org.

Active and Organizational Members will need to print this form and mail it with your payment to:

Texas Oral Health Coalition
4614 Bowie
Midland, TX 79703

Membership Dues Payment:

- **Active Membership - \$50.00**
- **Organizational Membership - \$150.00**

We will send an email payment confirmation after check is received. Please do not hesitate to contact us at J.Stewart@txohc.org should you have any questions or concerns.