

# Membership Application



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## Institutional Membership

(Complete Section 1)

## Sponsor Membership

(Complete Section 2)

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**Section 1: Institutional Membership** (Schools with enrollments 10,000 and less: \$200; schools with enrollments of 10,001 or greater: \$250) Annual Membership Fee from March 1 through February 28.

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Last Name(Primary Representative) \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Last Name(Secondary Representative) \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Public or Private:    Public                  Private

Type of Institution:   Four Year          Community          Health Related Institution

Approximate Number of Students                  ERP:

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## Section 2: Sponsor Membership (Annual Fee \$250)

Name of Company \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Last Name(Primary Representative) \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Last Name(Secondary Representative) \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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Please mail a copy of application with your check payable to THEBO to:

Chris Foster, THEBO Treasurer  
UNT Student Accounting  
1155 Union Circle # 310620  
Denton, Texas 76203