

# Membership Application



**Institutional Membership**  
(Complete Section 1)

**Sponsor Membership**  
(Complete Section 2)

**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 January 1 through December 31.

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: \_\_\_\_\_

**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 \_\_\_\_\_

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

Glen Ray, THEBO Treasurer  
Texas Woman's University  
PO Box 425439  
Denton TX 76204

Are you planning on attending our inaugural conference November 9-10 in Denton TX?

Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_