

Year _____



**Texas Health Occupations Association, Inc. (THOA)
and
Association for Career and Technical Education (ACTE)
Membership Application**

Send to:
THOA, Inc., 18 Drifting Wind Run, Austin, TX 78738
www.thoainc.org

Please complete all information and print legibly:

Name _____

Home Address _____

City, State, Zip Code _____

Home Phone _____

E-mail (home) _____

School District _____

School Name _____

Business Address _____

City, State, Zip Code _____

Business Phone _____

E-mail (work) _____

HOSA Area # _____

THOA Active membership: \$160 **\$160.00** _____

ACTE membership (Techniques magazine included) **\$80.00** _____

Membership includes Liability Insurance (\$2 million coverage)
Coverage is for one year, beginning on August 1 through July 31

TOTAL DUE _____

Circle method of payment: Cash Check Debit Charge

Check number(s) _____

There will be a \$25.00 charge for returned checks.

Credit and Debit payments will be paid using our PAY PAL system at www.thoainc.org