



Texas Association of
Promotores &
Community Health
Workers

Organization Membership Form

Send to membership@tapchw.org

Organization Name		Date	Member Type
			<input type="checkbox"/> New <input type="checkbox"/> Renewal
Mailing Address	City		Zip Code
Contact Person			
Phone Number	Primary E-mail Address		

Organization Information

Certified CHW Training Center	Certification Type	Certification Number
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CHW <input type="checkbox"/> CHWI	
Does your organization employ CHWs/CHW instructors?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but interested in learning more		
Sector		
<input type="checkbox"/> Healthcare <input type="checkbox"/> Social Services <input type="checkbox"/> Community-based/non-profit <input type="checkbox"/> Private Business <input type="checkbox"/> Academic Other:		

Correspondence Language Preference

<input type="checkbox"/> English <input type="checkbox"/> Spanish

Please list any other Affiliate Organizations i.e. TPHA, local CHW Association, NACHW

Checks may be mailed to:

TAPCHW

11601 Shadow Creek Parkway

Ste. 111-12B

Pearland, TX 77584-7284

MEMBERSHIP

Organization Annual Membership Fee:

\$50.00