



Texas Association of  
Promotores &  
Community Health  
Workers

# Member Information Form

Submit to [membership@tapchw.org](mailto:membership@tapchw.org)

Member First Name	Member Last Name	Date	Member Type
			<input type="checkbox"/> New <input type="checkbox"/> Renewal
Mailing Address		City	Zip Code
Phone Number	Primary E-mail Address		
Certification <i>select all applicable options</i>	Certification Number CHW	Certification Number CHWI	
<input type="checkbox"/> CHW <input type="checkbox"/> CHWI			

## Employment Information

Employer Name	Employer Street Address	Role/Position
Employer City	Employer County	Employer Zip Code
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 <input type="checkbox"/> Other:		

## Membership

<input type="checkbox"/> <b>Individual Annual Membership Fee: \$15.00 one year</b>
<input type="checkbox"/> <b>Individual Bi-Annual Membership Fee: \$25.00 two-years</b>

## Correspondence Language Preference

<input type="checkbox"/> English <input type="checkbox"/> Spanish
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Please list any other Affiliate Member Organizations i.e. TPHA, local CHW Association, NACHW


Checks may be mailed to:

TAPCHW  
5922 Whispering Lane  
Tyler, TX 75707