



# TxOHC



TEXAS ORAL HEALTH COALITION

If you would like to join or receive more information concerning the Texas Oral Health Coalition, please complete the information below:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Credentials \_\_\_\_\_

Title/Profession \_\_\_\_\_

Agency/Company \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member of any other coalition?  YES  NO

If so, could you please list: \_\_\_\_\_

Please check the Texas Oral Health Coalition Website [www.txohc.org](http://www.txohc.org) for the Collaborative Oral Health Plan in Texas and other resources.

Please e-mail completed form to  
[Cindy.hines@memorialhermann.org](mailto:Cindy.hines@memorialhermann.org)

Fax: 713-946-7426

**MEMBERSHIP**