



# Membership Application

CONNECT. LEAD. INFLUENCE.

## Contact Information

(Please print clearly)

Mr.  Ms.  Dr. \_\_\_\_\_  
(Name)

Position: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred E-mail address: \_\_\_\_\_  
(\*Required to receive online benefits.)

## Demographics

### Gender

Female  Male

### How many years have you been in the field of education?

0-4  5-9  10-14  15-19  20-24  25-29  30 or more years

### Age

20-29  30-39  40-49  50-59  60-69  70-79  80+

### Ethnicity

African American  Asian  Caucasian  Hispanic  
 Native American  Other \_\_\_\_\_

### Grade Level

Elementary  Middle School  High School  College

### District Type

Urban  Rural  Suburban

### What year did you become a member of Texas ASCD?

\_\_\_\_\_

## Membership Options

**Enter Amount**

<input type="checkbox"/> Administrative/University	\$105.00	\$ _____
<input type="checkbox"/> Full-time Teacher (Pre-K12)	\$ 80.00	\$ _____
<input type="checkbox"/> Full-time Student	\$ 50.00	\$ _____
Applicant must be (1) enrolled in an accredited university, college, community college; and be considered a full-time student according to the criteria of the attending school.		
<input type="checkbox"/> Retired	\$ 40.00	\$ _____
Retired "Administrative/University" or "Full-time Teacher".		
<input type="checkbox"/> Two-Year Membership	\$189.00	\$ _____
<input type="checkbox"/> Lifetime Member	\$750.00	\$ _____
A 10% discount for "Administrative/University" personnel.		

## Regional Affiliate Dues

<input type="checkbox"/> Alamo Area	\$10.00	\$ _____
<input type="checkbox"/> Capital Area	\$15.00	\$ _____
<input type="checkbox"/> Central Texas	\$10.00	\$ _____
<input type="checkbox"/> Coastal Bend	\$10.00	\$ _____
<input type="checkbox"/> Houston Suburban	\$10.00	\$ _____
<input type="checkbox"/> Les Evans	\$15.00	\$ _____
<input type="checkbox"/> North Central	\$10.00	\$ _____
<input type="checkbox"/> Northeast	\$20.00	\$ _____
<input type="checkbox"/> Panhandle	\$10.00	\$ _____
<input type="checkbox"/> Paso Del Norte	\$10.00	\$ _____
<input type="checkbox"/> Piney Woods	\$10.00	\$ _____
<input type="checkbox"/> Rio Grande Valley	\$10.00	\$ _____
<input type="checkbox"/> Sabine-Neches	\$15.00	\$ _____
<input type="checkbox"/> West Texas	\$10.00	\$ _____

**TOTAL \$ \_\_\_\_\_**

## Payment Options

Payroll Deduction (Complete authorization below and deliver to your employer.)  Check Enclosed (Please make check payable to Texas ASCD)

Credit Card (complete information below)  Purchase Order # \_\_\_\_\_

Amex  Visa  Master Card  Discover

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Return Completed Application with Payment to: Texas ASCD. Please allow 2-3 weeks for processing.**

1601 Rio Grande, Ste. #451, Austin, Texas 78701

(800) 717-2723 • (512) 477-8200 • Fax (512) 477-8215 • email: texasascd@txascd.org • www.txascd.org

## Payroll Deduction Authorization

I, \_\_\_\_\_ authorize the \_\_\_\_\_ (employer) to deduct the total amount of \$ \_\_\_\_\_ in order to pay for Texas ASCD membership dues. I further authorize the Association to notify the employer of changes in the annual dues amounts and the number of pay periods over which deductions shall be made. Upon termination of my employment, I authorize any unpaid balance to be deducted from my final check. This authorization, for the deductions referenced above, will continue in effect until I give notice to the employer to revoke.

Employee Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ Date \_\_\_\_\_

**\*\* COMPLETE AND DELIVER THIS SECTION TO YOUR EMPLOYER'S PAYROLL OFFICE. ARRANGEMENTS FOR PAYROLL DEDUCTION ARE THE RESPONSIBILITY OF THE APPLICANT.**