

Texas Educational Support Staff Association
PO Box 1565, Austin, Texas 78767

APPLICATION FOR AFFILIATION

1. Please type all information.
2. Affiliation year is August 1-July 31.
3. Affiliation is \$15.00 plus 25 cents per member for each local member of the preceding year.
4. New associations will pay \$15.00 plus 25 cents per charter member.
5. President and three (3) members (minimum) must be members of TESA.
6. Copy of constitution and by-laws must be attached if you are a new association or if any revisions have been made.

Affiliation Year 20____ - 20____ Association is (check one) [] New [] Renewal

Full Name of Association _____

Name of President _____

Address _____ City _____ ZIP _____

Telephone Work () _____ Home () _____

E-mail: _____

Term of Office Begins _____ Ends _____

Other TESA members in association (to meet affiliation requirements):

Name Address

Membership status **as of July 31**:

of Members ___ # of TESA Members ___ # of NAEOP Members ___ #Potential Membership _____

If the association includes more than one school district, please list:

Send affiliation application and fee to: Affiliation fee: \$15.00

TESA, PO Box 1565, Austin, TX 78767-1565 Association members x .25 _____

Total amount enclosed _____

We affirm that the above information is correct to the best of our knowledge.

Signature of President Date

Signature of Treasurer Date

Please make a copy for your files