

Texas Educational Support Staff Association, Inc. Individual Membership Form

Membership Application Annual Membership (August 1-July 31)

Please select year that you are paying	dues	for: 🗌 202	3-2024 🗌 202	4-2025	
Membership Type: Dues are not deductible as a charitable			<u> </u>		
O Active - \$45 New Membership	0	, ,			
		Membership Number:			
O Active - \$45 Renewal Membership	O	,			
Membership Number:		Membership Number:			
First Name: Middle:		Last N	lame:		
Home Address		City		Zip+4	
Home/Cell Phone		Office Phone		Ext.	
Work Email	Perso	ersonal Email			
Which email do you prefer to receive your TESA email at?		O Work O Personal			
Current Employer		Service Type (Elementary, Secondary, Administration, Higher Ed, Service Center, Retired)			
Office Address		City		Zip+4	
Name of Local TESA Affiliate (if applicable):		Current Member of NAEOP? O Yes O No			
For New Members (informational purposes only): Recruited by (Name of TESA Member):					
How did you hear about TESA? O Colleague O Sponsor	O E	mployer/Admini	strator O Websi	te O TESA Event	
Payment: All fees must be paid in US Dollars. Check	Check #		Date Mailed		
FOR CREDIT CARD PAYMENT please go to the TESATEXAS.ORG Website.					

(NOTE: There is a \$5.00 Convenience fee for all credit/debit cards!)

Click on the drop down arrow by <u>JOIN TESA/BENEFITS</u>, click on <u>MEMBERSHIP</u> and then on <u>MEMBERSHIP</u> (<u>NEW & RENEWAL</u>) <u>ONLINE</u>. Fill in the requested demographic information and payment information. Make sure to click on <u>CONFIRM</u> DUES to finalize.

For login questions/issues email Lisa E. Gonzalez (<u>lisaegonzalez@donnaisd.net</u>).

TOTAL Enclosed			
Membership Fee	\$		
Newsletter Subscription	\$		
TOTAL	\$		

Mail completed form with payment to:

TESA PO BOX 11825 Killeen, Texas 76547