

ASSOCIATE APPLICATION

8200 N. Mopac Expressway, Suite 185, Austin TX 78759
ph (512) 444-1974 ▪ fax (512) 444-5821 ▪ www.tsae.org



MEMBER INFORMATION

FULL NAME

NICKNAME

DESIGNATION: CAE CMP CEM CASE CTA Other _____

MAILING ADDRESS

STREET ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

(____) _____
PHONE

(____) _____
CELL

(____) _____
FAX

EMAIL

BIRTHDAY (MM/DD/YYYY)

WEBSITE

TO WHICH GENDER DO YOU MOST IDENTIFY? Female Male Prefer not to disclose

ADDITIONAL MEMBER INFORMATION

1. **Special dietary needs:** _____

2. **What was the #1 reason you joined TSAE?**

- | | |
|---|--|
| <input type="checkbox"/> Develop knowledge and skills | <input type="checkbox"/> Develop or identify ideas to plan my events |
| <input type="checkbox"/> Connect with my professional peers | <input type="checkbox"/> Further my career |
| <input type="checkbox"/> Learn how to do my job better | <input type="checkbox"/> Member discounts on events |
| <input type="checkbox"/> Access to resources and publications | <input type="checkbox"/> Other _____ |

MEMBERSHIP DIRECTORY

Your **TSAE Membership Directory** is now provided in an online web view that will be linked in an e-mail after membership is processed. If you would like your Membership Directory mailed to you, please let us know in the appropriate box. (It will **NOT** be mailed unless you request to have it mailed.)

- I would like my directory visible online
- I would like to have the directory mailed to me

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2023-2024 MEMBERSHIP DUES PAYMENT

- The TSAE membership year runs from May 1 through April 30.
- **This membership will expire on April 30, 2024.**

Join Date	Dues
May – April	\$99

I hereby apply for membership in the Texas Society of Association Executives (TSAE) and, if accepted, will abide by the bylaws, support its objectives, and pay the established membership dues. **I understand that TSAE membership belongs to the entity that pays for the dues.** TSAE dues are not deductible as a charitable contribution for federal tax purposes, but may be partially deductible as a business expense. TSAE dues are non-refundable and billed annually.

Attendance at, or participation in, TSAE meetings and other activities constitutes an agreement by me to TSAE's use and distribution (now and in the future) of my images or voice in photographs, videotapes, electronic reproductions and audio tapes of TSAE events and activities. Unless you inform TSAE that you object, permission is assumed.

My signature below authorizes TSAE to charge my member dues to the credit card (if any) which I have designated. By providing your mailing address, email address, phone number, and fax number, you consent to receive communications sent by or on behalf of TSAE.

SIGNATURE

DATE

PAYMENT METHOD

Make checks payable to TSAE and mail to 8200 N. Mopac Expressway, Austin, TX 78759.

Applications may be emailed to info@tsae.org or faxed to 512-444-5821.

CHECK ENCLOSED MASTERCARD VISA AMERICAN EXPRESS

I wish to not disclose credit card information. TSAE can contact me directly to collect credit card payment.

CARD NUMBER

EXP DATE

CARDHOLDER'S NAME

(____) _____
PHONE NUMBER

BILLING ADDRESS

SIGNATURE

TOTAL PAYMENT