

ASSOCIATION PROFESSIONAL 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 _____

JOB TITLE

ORGANIZATION

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

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2019-2020 MEMBERSHIP DUES PAYMENT

Please check the appropriate membership category:

Member #1

Dues for the first member are based on the current annual organizational budget and organizational location. Please note: Member #1 dues for association management company applicants will be based on the combined budgets of all Texas association clients

Member #2-#5

Dues for the second through fifth members from the same organization are based on the organization's location and budget. To be eligible, members must work at the same organization.

Member #6+

Dues for the sixth and subsequent members from the same organization are based on the organization's location and budget. To be eligible, members must work at the same organization.

LOCATION	MEMBER #1			MEMBERS #2-#5	MEMBERS #6 OR MORE
	<u>Large Budget</u> More than \$5 million	<u>Medium Budget</u> \$1-\$5 million	<u>Small Budget</u> Less than \$1 million		
Capital Area (Travis, Burnet, Williamson, Bastrop, Lee, Caldwell, Hays, and Blanco counties)	\$500	\$400	\$300	\$255	\$150
Rest of State	\$450	\$350	\$250	\$200	\$150

- The TSAE membership year runs from May 1 through April 30.
- This membership will expire on April 30, 2020.

Which best describes your membership status and employment setting?

- Employed by an association or other non-profit organization
- Employed by an Association Management Company (AMC)

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DEMOGRAPHIC INFORMATION

To help tailor TSAE programs and services to the needs of our membership, please complete the following information and include with your application. Your input will ensure that TSAE continues providing valuable and innovative programming that helps you do your job better.

1. Functional Title: Please check one category below that best describes your primary job function.

- Chief Executive
- Chief Operations/Admin Operations
- Communications
- Education
- Event Planning
- Financial
- Fundraising/Sponsorship
- General Administrative
- Government Relations/Public Affairs/Public Relations
- IT Systems/Information Technology
- Legal/Legislative
- Marketing/Sales
- Membership
- Other _____

2. I am a current member of: ASAE DFWAE HSAE IAEE MPI PCMA Other _____

3. My primary areas of interest include:

- Administration
- Communications
- Education
- Exposition Management
- Finance
- Fundraising
- Government Relations
- Marketing
- Meeting Planning
- Membership
- Technology

4. How many years have you worked in the association industry? _____

5. Special dietary needs _____

6. Select the #1 reason you are joining TSAE

- Develop knowledge and skills
- Connect with my professional peers
- Learn how to do my job better
- Access to resources and publications
- Develop or identify ideas to plan my events
- Further my career
- Member discounts on events
- Other _____

7. Which of the following summarizes your CAE status?

- Currently hold
- Working on earning it
- No interest in pursuing

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ORGANIZATION INFORMATION

1. Type:

Trade Professional Fundraising Philanthropic Other _____

2. Scope:

Local State Regional National International

3. Tax Status:

501(c)(6) 501(c)(3) Other _____

4. Budget size:

\$5 million+ \$1-5 million Less than \$1 million

5. Number of staff: _____

6. Total Members: _____

7. Year Founded: _____

8. What industry to you serve? _____

9. Does your organization do any advocacy work? Yes No

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MEMBERSHIP DUES PAYMENT

TSAE membership belongs to the entity that pays the dues. Please indicate who will be paying:

Myself My employer

Dues Amount (see page two) \$ _____

This membership will expire on April 30, 2020.

TSAE membership belongs to the entity that pays the dues. A membership paid for by a company may be transferred to a different eligible employee of the company by notifying TSAE in writing.

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.** Dues are billed annually and are prorated for the first year of membership. 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.

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 join@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

SIGNATURE

TOTAL PAYMENT