

# AFFILATE 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

\_\_\_\_\_  
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

## 2018-2019 MEMBERSHIP DUES PAYMENT

MEMBER TYPE:  Member #1    Member #2 or more (second or subsequent members from same organization and location)

Member Number:	Member #1	Member #2 or more
Full Year (May 1 - April 30)	\$395	\$335

- The TSAE membership year runs from May 1 through April 30.
- This membership will expire on April 30, 2019.

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## TYPE OF SERVICE

Please check one category below that best describes the products/services/facilities you represent:

- Accounting
- Association Management
- Association Management Software
- Attractions
- Audio Visual Services
- Awards/Promotional Items
- Banking/Investments/Benefits
- Communications
- Conference Planning
- Consulting
- Convention & Visitors Bureau/Chamber of Commerce
- Destination Management
- Exhibition/Exposition Service
- Golf Club/Tournament Services
- Hotel/Resort/Meeting Facility/Convention Center
- Human Resources
- Insurance/Risk Management
- Legal Services
- Lobbying/Public Affairs
- Printing/Mailing
- Public Relations/Marketing
- Publications
- Speaker/Speakers Bureau
- Technology
- Transportation
- Website Services

## ADDITIONAL MEMBER INFORMATION

1. **Special dietary needs:** \_\_\_\_\_
  
2. **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 \_\_\_\_\_
  
3. **I am a current member of:**  ASAE  DFWAE  HSAE  IAEE  MPI  PCMA  Other \_\_\_\_\_
  
4. **How many years have you serviced the association market?** \_\_\_\_\_

## 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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## 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 one) \$ \_\_\_\_\_

*This membership will expire on April 30, 2019.*

**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](mailto: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