

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

Join Date	Member #1	Member #2 or more
March – October	\$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:

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

ADDITIONAL MEMBER INFORMATION

1. **Special dietary needs:** _____

2. **Select the #1 reason you are joining 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 _____

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 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