

# 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 (second or subsequent members from same organization and location)

Join Date	Member #1	Member #2
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

TS&A;E 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.*

**TS&A;E 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 TS&A;E in writing.

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

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

My signature below authorizes TS&A;E 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 TS&A;E.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## PAYMENT METHOD

Make checks payable to TS&A;E 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. TS&A;E can contact me directly to collect credit card payment.

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXP DATE

\_\_\_\_\_  
CARDHOLDER'S NAME

(\_\_\_\_) \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
BILLING ADDRESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TOTAL PAYMENT