

# 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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## 2018-2019 MEMBERSHIP DUES PAYMENT

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

Join Date	Dues
May – April	\$65

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

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

\_\_\_\_\_  
SIGNATURE

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