



Affiliate Application

Membership Information

Member Type: **Member #1** **Member #2** (second or subsequent members from same organization and location)

Full Name: _____ **CAE** **CMP** **CEM** **CASE** Other _____

Nickname: _____ Spouse's Name: _____

Title: _____

Organization: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Email: _____

Website: _____

Birthday: _____ (MM/DD/YYYY) Gender: Male Female

Type of Service

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

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Accounting <input type="checkbox"/> Association Management <input type="checkbox"/> Association Management Software <input type="checkbox"/> Attorneys <input type="checkbox"/> Attractions <input type="checkbox"/> Audio Visual Services <input type="checkbox"/> Awards/Promotional Items <input type="checkbox"/> Banking/Investments/Benefits <input type="checkbox"/> Communications <input type="checkbox"/> Conference Planning <input type="checkbox"/> Consulting <input type="checkbox"/> Convention & Visitors Bureau/Chamber of Commerce <input type="checkbox"/> Destination Management | <ul style="list-style-type: none"> <input type="checkbox"/> Exhibition/Exposition Services <input type="checkbox"/> Golf Club/Tournament Services <input type="checkbox"/> Hotel/Resort/Meeting Facility/Convention Center <input type="checkbox"/> Human Resource Outsource <input type="checkbox"/> Insurance/Risk Management <input type="checkbox"/> Lobbying/ Public Affairs <input type="checkbox"/> Printing/Mailing <input type="checkbox"/> Public Relations <input type="checkbox"/> Publication <input type="checkbox"/> Speaker/Speakers Bureaus <input type="checkbox"/> Trade Association Services <input type="checkbox"/> Transportation <input type="checkbox"/> Website Services |
|--|---|



Affiliate Application

Thank you for your interest in becoming a TSAE Affiliate Member. Per the TSAE Bylaws Article 3, Section 3.2(c)], Affiliate membership shall be open to individuals engaged in selling products, services or facilities to members of TSAE on behalf of a firm, city, chamber of commerce, bureau or other entity. It also shall include individuals who provide management and consulting services to associations and other organizations.

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 _____ |

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.

2017/2018 Membership Dues Payment

The TSAE membership year runs from May 1st through April 30th.

Join Date	Member #1	Member #2
November - February	\$395	\$335

This membership will expire on April 30, 2018.



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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 \$ _____

This membership will expire on April 30, 2018.

For security purposes, please do not email or fax credit card information.

TSAE can contact you directly to collect payment.

Check enclosed

OR

Credit Card Payment

TSAE Staff can contact me directly to collect payment over the phone.

OR

Credit Card Payment

TSAE Staff can contact the name below regarding payment over the phone.

Contact Name _____ Phone _____

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.

Signature of Applicant: _____ Date: _____

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 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. Association Leadership subscription price of one year (\$45) is included in membership dues. My signature above authorizes TSAE to charge my member dues to the credit card (if any) which I have designated. Permission is hereby granted to send faxes to this association and all of its affiliates. By providing your mailing address, email address, phone number and fax number, you consent to receive communications sent by or on behalf of the TSAE via regular mail, email, phone or fax