



## Association Executive Application

### Applicant Information

Full Name: \_\_\_\_\_  CAE  CMP  CEM  \_\_\_\_\_

Nickname: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Spouse: \_\_\_\_\_

Birthday: \_\_\_\_\_ (MM/DD/YYYY) Gender: Male  Female

### 2017-2018 Dues

**Please check the appropriate membership category:**

- Member #1:** Dues for the first member are based on the current annual organizational budget and location. Please note: Member #1 dues for association management company applicants will be based on the combined budgets of all Texas association clients.
- Member #2 - #5:** Dues for the second through fifth members from the same organization are based on the organization's location and budget. To be eligible, members must work at the same location.
- Member #6+:** Dues for the sixth and subsequent members from the same organization are based on the organization's location and budget. To be eligible, members must work at the same location.

#### Association Executive Members

The TSAE membership year runs from May 1<sup>st</sup> through April 30<sup>th</sup>.

LOCATION	MEMBER #1			MEMBERS #2-#5	MEMBERS #6 OR MORE
	<u>Large Budget</u> More than \$5 million	<u>Medium Budget</u> \$1-\$5 million	<u>Small Budget</u> Less than \$1 million		
<b>Capital Area</b> (Travis, Burnet, Williamson, Bastrop, Lee, Caldwell, Hays, and Blanco counties)	\$495	\$395	\$295	\$245	\$140
<b>Rest of State</b>	\$445	\$345	\$245	\$190	\$140



## Association Executive Application

### Demographic Information

To help tailor TS&A;E programs and services to the needs of our membership, please complete the following information and include with your application. Your input will ensure that TS&A;E continues providing valuable and innovative programming that helps you do your job better.

**Functional Title: Please check one category below that best describes your job function.**

- |  |   |
|--|---|
| <input type="checkbox"/> Chief Executive<br><input type="checkbox"/> Chief Operations/Admin Operations<br><input type="checkbox"/> Communications<br><input type="checkbox"/> Education<br><input type="checkbox"/> Event Planning<br><input type="checkbox"/> Financial<br><input type="checkbox"/> Fundraising/Sponsorship | <input type="checkbox"/> General Administrative<br><input type="checkbox"/> Government Relations/Public Affairs/Public Relations<br><input type="checkbox"/> IT Systems/Information Technology<br><input type="checkbox"/> Legal/Legislative<br><input type="checkbox"/> Marketing/Sales<br><input type="checkbox"/> Membership<br><input type="checkbox"/> Other _____ |
|--|---|

**1. I am a current member of:**  ASAE  DFWAE  HSAE  SASAE  MPI  IAEE  Other \_\_\_\_\_

**2. My primary areas of interest include:**

- |   |  |   |                                     |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Exposition Management | <input type="checkbox"/> Government Relations | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance               | <input type="checkbox"/> Marketing            | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Education      | <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Meeting Planning     |                                     |

**3. Do you plan meetings for your organization?**

- If no, list the appropriate person and their e-mail: \_\_\_\_\_
- If yes, complete the meetings table listed below:

Meetings	# Per Year	Avg. Attendance	Preferred Month(s)	Total Peak Rooms	Total Room Nights	# of Exhibits
<i>Conferences/Seminars</i>						
<i>Board Meetings</i>						

**4. How many years have you worked in the association industry?** \_\_\_\_\_

**5. Special dietary needs:** \_\_\_\_\_

**6. What was the #1 reason you joined TS&A;E?**

- |   |   |
|---|---|
| <input type="checkbox"/> Develop knowledge and skills<br><input type="checkbox"/> Connect with my professional peers<br><input type="checkbox"/> Learn how to do my job better<br><input type="checkbox"/> Access to resources and publications | <input type="checkbox"/> Develop or identify ideas to plan my events<br><input type="checkbox"/> Further my career<br><input type="checkbox"/> Member discounts on events<br><input type="checkbox"/> Other _____ |
|---|---|



## Association Executive Application

### Organization Information

1. Type:     Trade         Professional         Fundraising         Philanthropic         Other: \_\_\_\_\_
2. Scope:    Local         State         Regional         National         International
3. Tax Status:         501©6         501©3         Other \_\_\_\_\_
4. Number of staff: \_\_\_\_\_    5. Total Members: \_\_\_\_\_    6. Year Founded: \_\_\_\_\_
7. Budget size:         \$5 million+         \$1-5 million         Less than \$1 million

### 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 below name 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