



Associate Application

Membership Information

Full Name: _____ CAE CMP CEM CASE Other _____
Nickname: _____ Spouse's Name: _____
Birthday: _____ (MM/DD/YYYY) Gender: Male Female
Mailing Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Cell: (____) _____ Fax: (____) _____
Email: _____

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.



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2017/2018 Associate Membership Dues Payment

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

Join Date	Dues
May - April	\$65

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.

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