

TCWSE 2009–10 Membership Form

Membership year is July 1–June 30.

I'm a new TCWSE member. I'm renewing my TCWSE membership.

Full Name _____

Title _____

District/Organization _____

Education Service Center _____

Preferred Mailing

(Please indicate if this is a Home, Campus, or District address.)

Home Campus *(please provide school/campus name)* District

Campus Name _____

Street Address _____

City _____

State _____ Zip _____

Preferred Phone/Fax *(Please indicate if this is a Home, Campus, or District phone/fax.)*

Home Campus District

Phone _____

Fax _____

E-mail Address: _____

Payment Information:

- \$35 Regular membership fee
- \$25 Student membership fee (full-time students only; requires the signature of a university professor)

Professor: _____

Signature: _____

University: _____

Enclosed is my check, payable to TCWSE, for: \$ _____

P.O. # _____

American Express Mastercard Visa

Card #: _____

Name on Card: _____

Expiration Date: _____

Signature: _____

An important component of TCWSE's mission is an active scholarship program. Your generous contribution to the program is greatly appreciated.

On behalf of: _____

I'm making a contribution of \$ _____

Make checks payable to TCWSE. Return your completed application with payment to TCWSE, P.O. Box 2116, San Antonio, TX 78297-2116.