

TCWSE 2010–11 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: Before July 1 July 1 or after

Regular membership fee: \$35 \$45

Student membership fee: \$25 \$35

(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, 406 East 11th Street, Austin, TX 78701-2617.