



Texas Business and Technology Educators Association

1301 Thorndale Road • Taylor TX 76574
(512) 365-3185 • www.tbtea.org

Membership Application
AUGUST 1, 200__ - JULY 31, 200__

New Member Returning Member

Regular Member - \$35.00.....\$ _____

PROFESSIONAL AFFILIATION

POSITION

- | | |
|--|--|
| <input type="checkbox"/> Middle/Junior High School | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Secondary School | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Junior/Community College | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vocational/Technical School | |
| <input type="checkbox"/> Supervisor, Coordinator, Business, etc. | |

Retired Member - \$15.00.....\$ _____

NOTE: 40-year continuous membership in TBTEA (formerly TBEA/TBTE) entitles members to lifetime dues paid. It is very important to check the following box and return the form:

I have been a continuous member of TBTEA for 40 or more years.

Student Teacher or

College Student Member - \$10.00.....\$ _____

School Attending _____

Liability Insurance Coverage

Low Group Rate - \$28.00.....\$ _____

ACTE Affilliate Membership - \$60.00.....\$ _____

Association for Career and Technical Education
Please enclose completed form

NBEA Professional Membership - \$75.00.....\$ _____

National Business Education Association includes MPBEA dues (Mountain Plains Business Education Association)
Please enclose completed form

NACEBE - \$10.00.....\$ _____

(National Association of Classroom Educators of Business Education)

TOTAL AMOUNT.....\$ _____

Make checks payable to TBTEA.

SSN# _____ Educational Service Center # _____
Last 4 Digits Only

NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____

NAME OF SCHOOL OR BUSINESS: _____

WORK ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: HOME: _____

WORK: _____

EMAIL: HOME: _____

WORK: _____

FAX: _____

YEARS OF MEMBERSHIP: _____

TBTEA has my permission to publish email addresses in future directories.

YES NO

Would you be willing to serve on one of the following TBTEA State Committees?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Educational Development | <input type="checkbox"/> Governmental Relations |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Nominating | <input type="checkbox"/> Conference |

FOR OFFICE USE ONLY

Date Received _____ ID# _____

Check# _____

Amount \$ _____

Insurance New Posted Receipt

Please complete and return the first two copies with your payment. Keep the last (PINK) copy for your records.