



## Texas Business and Technology Educators Association

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

**Membership Application**  
AUGUST 1, 2009 - JULY 31, 2010

☐ New Member ☐ Returning Member

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

### PROFESSIONAL AFFILIATION

### POSITION

☐ Middle/Junior High School

☐ Teacher

☐ Secondary School

☐ Administrator

☐ Junior/Community College

☐ Supervisor

☐ College/University

☐ Other \_\_\_\_\_

☐ Vocational/Technical School

☐ 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 Affiliate Membership - \$60.00.....\$ \_\_\_\_\_

Association for Career and Technical Education  
Please enclose completed form

NBEA Professional Membership - ~~\$75.00~~ \$ 80.00

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

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?**

☐ Awards

☐ Educational Development

☐ Governmental Relations

☐ Membership

☐ Nominating

☐ 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.