



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
<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 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.