



## Member Information PLEASE TYPE OR PRINT

FULL NAME

NICKNAME/INFORMAL

TITLE

DISTRICT/ORGANIZATION

Please do not abbreviate name

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

ESC REGION

EMAIL

As a member of TASBO, you will receive communications by email to keep you updated on current topics, training and other benefits

## Membership Levels & Types SELECT A OR B. DUES ARE FOR A 12-MONTH PERIOD. BENEFITS BEGIN ON THE FIRST DAY OF THE MONTH FOLLOWING RECEIPT OF FULL PAYMENT.

### A. Active Membership (based on salary)

TASBO Active Memberships are individual which stays with the member if he/she changes employers; or institutional which can be transferred to another employee at the request of the employer.

**1. Type:**  **Individual** (Stays with Member)       **Institutional** (Stays with Employer)

**2. Salary/Dues:**  to \$29,999/**\$85**     \$30,000 - \$39,999/**\$105**     \$40,000 +/**\$125**

### B. Other Memberships

**Student, \$85**     **Retired, \$45**     **Associate** (business, vendor, etc.) **\$125**

An individual employed by a management services company or any for-profit entity must join as an associate member.

## Professional Liability Insurance MUST BE PURCHASED AT THE TIME YOU JOIN OR RENEW YOUR MEMBERSHIP. RUNS CONCURRENT WITH MEMBERSHIP YEAR. YOU MUST BE AN ACTIVE, VOTING MEMBER TO BE ELIGIBLE FOR COVERAGE.

**Yes, I want to purchase optional professional liability coverage. I accept the extra charge of \$45**

Of the \$45.00 total fee for professional liability insurance, the insurance premium is \$36.00, state taxes and fees of 4.91% are \$1.77, and \$7.23 is retained as a TASBO administrative fee.

## Payment Method MAKE CHECKS PAYABLE TO TASBO AND MAIL TO 2538 S. CONGRESS AVE, AUSTIN, TX 78704. IF USING CREDIT CARD FAX TO (512) 462-1782. PURCHASE ORDERS ARE NOT ACCEPTED FOR DUES PAYMENTS.

**Check Enclosed**

**MasterCard**

**Visa**

**American Express**

CARD NUMBER

EXP DATE

CARDHOLDER'S NAME, ADDRESS AND DAYTIME PHONE

SIGNATURE

TOTAL ENCLOSED

## Demographic Information PLEASE MARK THE PRIMARY FUNCTION OF YOUR POSITION. SELECT ONLY ONE:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ATT Attorney                       | <input type="checkbox"/> MIS Mgt. Info Services/Records Mgt. | <input type="checkbox"/> SNC School Nutrition |
| <input type="checkbox"/> AUD Auditor                        | <input type="checkbox"/> PAY Payroll                         | <input type="checkbox"/> STU Student          |
| <input type="checkbox"/> AST Assoc./Asst. Superintendent    | <input type="checkbox"/> PEI PEIMS                           | <input type="checkbox"/> SUP Superintendent   |
| <input type="checkbox"/> DIS Distribution/Inventory         | <input type="checkbox"/> PER Personnel                       | <input type="checkbox"/> TRN Transportation   |
| <input type="checkbox"/> FIN Finance                        | <input type="checkbox"/> PUR Purchasing                      | <input type="checkbox"/> TXB Textbooks        |
| <input type="checkbox"/> GCM Graphics Communications Mgt.   | <input type="checkbox"/> RMG Risk Management                 | <input type="checkbox"/> OTR Other            |
| <input type="checkbox"/> MAO Mainten./Operations/Facilities | <input type="checkbox"/> SAF Safety                          |   |