



CONTACT INFORMATION

Name Title Organization Email Address City State Zip Office Phone Cell Phone

PROFILE INFORMATION

Job Function Includes:

- Accounting & Finance, Distribution & Inventory, Information Technology, Instructional Materials, Internal Audit, Maintenance & Operations, Payroll, PEIMS, Personnel, Purchasing & Supply Mgmt, Safety, Security & Risk Mgmt, School Nutrition, Transportation. Please add me to the committee(s) that correspond with my job function: Yes

Additional Area of Interest: Governmental Relations Interested in Volunteer Opportunities?

Employment Level: Senior Leadership Management Staff Consultant Retired

Certification Status:

- Currently seeking a TASBO Certification, Have a certification and seeking a higher level, Have a certification and taking CEUs to maintain, Tell me more about certification, Not currently interested

MEMBERSHIP | INSURANCE | PAYMENT

Member Type: (if there is a staff change at the district, membership can be transferred to another employee)

Table with 3 columns: K-12 Employee: \$135, Education Service Provider: \$135, Retired: \$45. Includes descriptions for each membership type.

Professional Liability Insurance

Professional Liability Insurance is open to K-12 employees and certain governmental entities. Insurance runs concurrent with membership year and goes into effect the date the membership is processed and paid.

- Yes, I want to purchase the optional professional liability coverage for an additional charge of \$45. *Itemization of Insurance Fee: premium is \$37, state taxes/fees are 5%, \$1.85 and \$6.15 is retained as a TASBO administrative fee.

Please Note: This form is for purchasing insurance and membership together. If insurance is purchased separately, then use the Short-Term Member Insurance Registration Form.

Payment

Dues are up to a 12-month period, non refundable and will not be pro-rated. Benefits begin the day TASBO receives payment of membership. *Purchase orders are not accepted for dues payment. Please do not email credit card info.

Total Amount \$ Check Enclosed Credit Card # Cardholder Exp Date Signature