



CONTACT INFORMATION

Name _____ Title _____

Organization _____ Email _____

Address _____ City _____ State _____ Zip _____

Office Phone _____ Cell Phone _____

PROFILE INFORMATION

Job Function Includes:

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

Other Areas of Interest:

- Governmental Relations

Employment Level:

- | | | |
|--|---|---|
| <input type="checkbox"/> Senior Leadership | <input type="checkbox"/> Mid-Level Management | <input type="checkbox"/> Other Management |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Consultant | <input type="checkbox"/> Retired |

Certification Status:

- | | |
|---|---|
| <input type="checkbox"/> Currently seeking a TASBO Certification | <input type="checkbox"/> Have a certification and seeking a higher level |
| <input type="checkbox"/> Have a certification and taking CEUs to maintain | <input type="checkbox"/> Tell me more about certification <input type="checkbox"/> Not currently interested |

TASBO Volunteer Opportunities:

- Yes, I am interested No, I am not interested

MEMBERSHIP | INSURANCE | PAYMENT

Member Type

Active memberships are open to employees of K-12 schools and governmental entities. Should there be a staff change at the district, the membership can be transferred to another employee.

- Active (\$135) Retired (\$45)

Professional Liability Insurance

Professional Liability Insurance is open to Active Members only of K-12 schools and certain governmental entities. Insurance runs concurrent with membership year and goes into effect the date the membership is processed and paid for. More information on the coverage offered can be found on the Professional Educators Liability Insurance Policy Information Form located here: tasbo.org/become-a-member/member-benefits

- 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 _____