

# Texas Educational Support Staff Association

P.O. Box 11825, Killeen, TX 76547

## APPLICATION FOR AFFILIATION

1. Please type all information.
2. Affiliation year is August 1-July 31.
3. Affiliation is \$30.00 plus 25 cents per member for each local member of the preceding year.
4. New associations will pay \$30.00 plus 25 cents per charter member.
5. President and three (3) members (minimum) must be members of TESA.
6. Copy of constitution and by-laws must be attached if you are a new association or if any revisions have been made.

Affiliation Year 20\_\_\_\_ - 20\_\_\_\_ Association is (check one)  New  Renewal

Full Name of Association \_\_\_\_\_

Name of President \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Term of Office Begins \_\_\_\_\_ Ends \_\_\_\_\_

Other TESA members in association (to meet affiliation requirements):

Name Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership status **as of July 31:**

# of Members: \_\_\_\_ # of TESA Members: \_\_\_\_ # of NAEOP Members: \_\_\_\_ #Potential Membership: \_\_\_\_

If the association includes more than one school district, please list:

\_\_\_\_\_  
\_\_\_\_\_

Send affiliation application and fee to: Affiliation fee: \$30.00

TESA, PO BOX 11825  
Killeen TX, 76547

Association members x .25 \_\_\_\_\_

Total amount enclosed \_\_\_\_\_

We affirm that the above information is correct to the best of our knowledge.

\_\_\_\_\_  
Signature of President Date

\_\_\_\_\_  
Signature of Treasurer Date

Please make a copy for your files