



Membership Application
 Texas Art Education Association
 14070 Proton Rd., Ste. 100, LB 9, Dallas, TX 75244
 Phone: 972/233-9107 x212; Fax: 972/490-4219
 Email: jody@madcrouch.com

Contact Information

Name:			
Mailing Address:			
Home Phone:		Work Phone:	
Cell Phone:		Fax:	
Email Address:			

TAEA Membership Status (check one)

- I will be a new member. Please add my information to the TAEA database.
- I am a returning member. My TAEA number is: _____
 School: _____ District: _____ TAEA Area: _____

Professional Level (check one)

- Elementary Private School Supervision/Administration
- Middle School/Junior High Higher Education Museum
- Senior High
- Student at _____, anticipating graduation in _____.

Membership Level (check one)

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Active \$45
For those engaged in the teaching of art or the direction of art programs, or in the pursuits closely related to the art education field. <input type="checkbox"/> Associate \$36
First Year Professional. For those just beginning their professional teaching career. <input type="checkbox"/> Retired \$16
For those who are retired from the art education profession. <input type="checkbox"/> Student \$16
For full-time students who are not yet employed as art educators. | <ul style="list-style-type: none"> <input type="checkbox"/> Sustaining Membership \$36
For conference exhibitors and businesses not actively engaged in art education. <input type="checkbox"/> Institutional \$225
For institutions directly or indirectly involved in art education. Includes: ONE prepaid registration fee for the TAEA annual conference and three designated teachers' participation in VASE/Youth Art Month programs – no substitutions can be made.
 <u>List names of the three participating teachers:</u>
 1. _____
 2. _____
 3. _____ |
|--|--|

Payment Information

- I will pay using the credit card information provided below, by check.

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx	Number:	Expiration:	<input type="checkbox"/> Dues	\$
	Name as it appears on card:	3-digit CVV2 Code (back of card):	<input type="checkbox"/> Memorial Scholarship Fund Donation*	\$
	Billing address:		<input type="checkbox"/> Building Fund Donation*	\$
	Signature:		TOTAL PAYMENT	\$
			*Donors of \$50+ may specify a tribute. Check one: <input type="checkbox"/> "In honor of" <input type="checkbox"/> "In memory of" Honoree:	