



**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: info@taea.org

**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)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Active \$45</b><br/>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.</li> <li><input type="checkbox"/> <b>Associate \$36</b><br/>First Year Professional. For those just beginning their professional teaching career.</li> <li><input type="checkbox"/> <b>Retired \$16</b><br/>For those who are retired from the art education profession.</li> <li><input type="checkbox"/> <b>Student \$16</b><br/>For full-time students who are not yet employed as art educators.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Sustaining Membership \$36</b><br/>For conference exhibitors and businesses not actively engaged in art education.</li> <li><input type="checkbox"/> <b>Institutional \$225</b><br/>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 program – no substitutions can be made.<br/> <b>List names of the three participating teachers:</b><br/>           1. _____<br/>           2. _____<br/>           3. _____</li> </ul> |
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**Payment Information:**  credit card information provided below  check

<b>Card Type:</b>	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:		<b>TOTAL PAYMENT</b>	\$
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx			*Donors of \$50+ may specify a tribute. <b>Check one:</b> <input type="checkbox"/> "In honor of" <input type="checkbox"/> "In memory of" <b>Honoree:</b>	