



Membership Application
Texas Art Education Association
14070 Proton Rd., Ste. 100, 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 Region*:** _____
*(if known)

Professional Level (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Private School | <input type="checkbox"/> Supervision/Administration |
| <input type="checkbox"/> Middle School/Junior High | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Senior High | <input type="checkbox"/> Retired | <input type="checkbox"/> Community Art |
| <input type="checkbox"/> Student at _____, anticipating graduation in _____. | | |

Membership Level (check one)

- Active \$55**
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.
- Associate \$44**
First Year Professional. For those just beginning their professional teaching career.
- Retired \$20**
For those who are retired from the art education profession.
- Student \$20**
For full-time students who are not yet employed as art educators.
- Sustaining Membership \$44**
For conference exhibitors and businesses not actively engaged in art education.

- Institutional \$275**
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.
List names of the three participating teachers, including the one on this form. Attach separate forms for each.

Name	Check which one will attend conference
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Payment Information: **credit card information provided below** **check**

Card Type:	Number:	Expiration:	<input type="checkbox"/> Dues	\$
	Name as it appears on card:		<input type="checkbox"/> Memorial Scholarship Fund Donation*	\$
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> Discover	Billing address:	3/4-digit CVV2 Code (back of card):	<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:			