Austin Area Alliance of Black School Educators

2020-2021 Membership Application
P.O. Box 143613
Austin, Texas 78714

Membership Status: ☐ New ☐ Renewal

Last Name **First Name** **Middle** **Mr./Ms./Mrs./Dr./Rev.**

Home Address **City** **Zip**

Phone **Email Address**

Position/Title **School/Agency**

Business Address **City** **Zip**

Business Email Address

I would like my correspondence to be sent to: ☐ Home ☐ Business

Types of Membership/Fees:

_____	Educator	$100	_____	Parent	$30
_____	Retired Educator	$60	_____	College Student	$30
_____	Community Member	$50			

Check A Commission to Participate: ☐ Equity

☐ Teacher ☐ Campus Administrator ☐ Non Certified Personnel
☐ Higher Education ☐ Central Office Administrator ☐ Retired ☐ Parent
☐ Instructional & Instructional Support ☐ Policy Development in Public Education ☐ Student

Total Amount Attached: $ _____

☐ Cash ☐ PayPal
☐ Check *Check #* _____ *Make Check Payable to: AAABSE*
☐ Payroll Deduction (Until Nov30 Only)

Signature: _____

Return Application and check to: P.O. Box 143613, Austin, Texas 78714-3613

_____ Date Received Officer Processed _____