Austin Area Alliance of Black School Educators

2021-2022 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 ___Pay Pal
___ 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 _____