



**2023-2024 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:**

<input type="checkbox"/> Educator	\$100	<input type="checkbox"/> Parent	\$30
<input type="checkbox"/> Retired Educator	\$60	<input type="checkbox"/> College Student	\$30
<input type="checkbox"/> Community Member	\$50		

**Check A Commission to Participate:** ☐ Equity

<input type="checkbox"/> Teacher	<input type="checkbox"/> Campus Administrator	<input type="checkbox"/> Non Certified Personnel
<input type="checkbox"/> Higher Education	<input type="checkbox"/> Central Office Administrator	<input type="checkbox"/> Retired <input type="checkbox"/> Parent
<input type="checkbox"/> Instructional & Instructional Support	<input type="checkbox"/> Policy Development in Public Education	<input type="checkbox"/> 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