

2024-2025 Membership Application P.O. Box 143613 Austin, Texas 78714

Membership Status: New I	Renewal			
Last Name First Name	Middle	Mr./Ms./Mrs./Dr./Rev.		
Home Address	City	Zip		
Phone	Non-Work Ema	ail Address Only		
Position/Title		School/Agency		
Business Address	City	Zip		
Business Email Address				
Types of Membership/Fees: Educator Retired Educator Community Member Required: Check A Commission to Partic Teacher Camps Higher Education Central Instructional & Instructional Support	\$60 \$50 cipate:Equity us Administrator al Office Administrator		nt	
Total Amount Attached: \$ Cash Check Payroll D	 _Pay Pal <i>Check #</i> Deduction (Until Nov30	_ <i>Make Check Payable i</i>) Only)	to: AAABSE	
Signature:				
Return Application and check t	ro: P.O. Box 1436	13, Austin, Texas 78714-36	513	

Officer Processed _____

____ Date Received