



**2025-2026 Membership Application**

**P.O. Box 143613  
Austin, Texas 78714**

**Membership Status:** ☐ New ☐ Renewal

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Mr./Ms./Mrs./Dr./Rev.</b>
<b>Home Address</b>		<b>City</b>	<b>Zip</b>
<b>Phone</b>		<b>(Non-Work Email Address Only)</b>	
<b>Position/Title</b>		<b>School/Agency</b>	
<b>Business Address</b>		<b>City</b>	<b>Zip</b>
<b>Business Email Address</b>			

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

**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		

**Required: Check A Commission to Participate:**

<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"/> Equity
<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*

**Signature:**

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

Date Received  Payment Receipt Officer Processed