



## MEMBERSHIP APPLICATION

Fill out the form below (*please print*)

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
School District / Employer Name

\_\_\_\_\_  
Position

## PAYMENT INFORMATION

Standard Membership: **\$49**     Retired: **\$30**     Student: **FREE**

We accept cash, check, and credit cards. Please submit payment information at [www.tcea.org/payment](http://www.tcea.org/payment) within 30 days of this request. Registrations not paid within 30 days will be canceled.

An online profile will be created for you, and you will receive a follow-up email with your login details.

Thank you for your interest in TCEA!