



TEXAS COMMUNITY COLLEGE TEACHERS ASSOCIATION

Report Of TCCTA Campus Representative

September

College _____

Total Potential Professional Members.....*

*NOTE: Include in this number the total full-time, professional employees at your college (e.g., faculty, counselors, librarians, administrators). Do not include part-time or classified employees.

Memberships Enclosed With This Report

Professional Members.....

Associate Members.....

Date

TCCTA Campus Representative

For State Office Use

Memberships Received With This Report:

Professional Members..... @\$45..... \$
Associate Members..... @\$35..... \$
Liability Insurance..... @\$50..... \$
TOTAL AMOUNT DUE..... \$