

Membership Enrollment Form

1. Membership Information

(Please make corrections as necessary below.)

Name: First, MI, Last _____

College _____

Address (Street or P.O. Box) _____

Address _____

City, State, ZIP _____

Additional Contact Information
(Please provide. Used for TCCTA business only.)

E-mail Address (Important!) _____

- Instructional (Subject taught):

- Administrative/Library/Media (Position):

- Classified/Retired/Adjunct (Specify):

- Unaffiliated/Student (Specify):

2. Select Your Membership Category

(Please check one of the following categories of membership.)

- PROFESSIONAL MEMBERSHIP:** \$45
Full-time educator at a Texas community or technical college.
- ASSOCIATE MEMBERSHIP:** \$35
Classified employee, retired, or adjunct/part-time educator at a Texas community or technical college. (Retired educators as either Professional or Associate members.)
- STUDENT MEMBERSHIP:** \$30
Graduate student in community college education.
- UNAFFILIATED MEMBERSHIP:** \$35
Friend of the Association not eligible for Professional, Associate, or Student membership.
- CHECK HERE** if you wish to receive the TCCTA Messenger. Annual dues include \$5 for subscription; there is no additional charge for the Messenger.

Membership period: September 1, 2011 – August 31, 2012

3. Select Your Professional Liability Insurance Option

- YES, Please sign me up for the TCCTA Optional Professional Liability Insurance Program. (I have added the additional \$50* to my TCCTA membership payment to cover the cost of the insurance.)
*Insurance rate: \$26. State surplus lines tax @ 4.85%: \$1.26; State stamping fee @ 0.06%: \$0.02; Association administrative fee: \$22.72.
- NO, I am not interested in enrolling in the TCCTA Optional Professional Liability Insurance Program at this time.

4. Total Your Payment

TCCTA Dues Amount \$ _____

Optional Liability Insurance Premium (Add \$50) \$ _____

Total Payment \$ _____

5. Select Your Method of Payment

- VISA MASTERCARD
- Account No. _____
- Expiration Date _____
- Printed Name on Card _____
- Billing Address _____
- CCV Code _____
- Check enclosed (payable to TCCTA).

6. Return Your Enrollment Form to TCCTA

- MAIL your enrollment form, with payment, to TCCTA.
- FAX your enrollment form to (512) 328-1086.
- Join ONLINE by clicking the Join/Renew button at tccta.org.
- PHONE us at (800) 288-6850.
- HAND your enrollment form, with payment, to your TCCTA Campus Representative.

TCCTA FOUNDATION: To make a tax-deductible contribution to TCCTA's Foundation, please send a separate check to the State Office, made payable to the Foundation for Professional Excellence in the Community College. The Foundation provides essential support to the professional development efforts of TCCTA.

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