

**Membership Enrollment Form**

*\*Please make checks payable to C.T.S.F.S.D.A*.

\*\* Credit Cards – request an invoice be emailed to you to pay via PayPal

**New Member  Renewal** School Year: 2022-2023

Recruited by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:** *(Please print/type and complete ALL information)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Dues:** Please remit your annual membership dues of **$25.00** by **December 15th**

(*All memberships received after this date will not qualify for Association scholarships*).

**Current Position:** *(please check one)*

 Director  Operations Manager

 Assistant Director  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor



Is your membership:  Positional or  Individual

Is your salary paid by a management company?  Yes or  No

Do you make purchasing decisions for your district or organization?  Yes or  No

**Member Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make your check payable to: **CTSFSDA**

**Mail form and payment to new remittance address:**

**PO Box 185**

**Seguin, TX 78156**

**To pay using credit card or PayPal email:** [**ctsfsda@gmail.com**](mailto:ctsfsda1500@yahoo.com)

**Then email registration form (with payment to follow)**

**Payment information: For CTSFSDA Treasurer Use Only**

Date Payment Received: \_\_\_\_\_\_\_\_\_ PayPal: \_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_ Total Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_