

Austin Area Association for Bilingual Education

An affiliate of the Texas Association for Bilingual Education

Application for Membership

For Membership Year November 1, 2019–October 31, 2020

(Please Print!)

Last Name	First Name	MI	Title (optional) <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Street Address			City	ZIP Code
Best Email Address for Contact			Best Phone for Contact (include Area Code)	
School District	Campus or Department		Job Position or Role	

Member Classification or Category (check one)

- Professional/Certified Personnel → Annual Dues \$40 (\$20 local + \$20 state)
- Educational Support Personnel → Annual Dues \$30 (\$10 local + \$20 state)
- Parent/Student/Community Member → Annual Dues \$30 (\$10 local + \$20 state)

Payment Method (check one)

- Cash (enclosed/attached) Check (check # _____)
- Payroll Deduction (This option is available only to Austin ISD employees, and only on applications submitted between August 1 and March 31.) Credit Card (confirmation # _____)

I hereby authorize the Austin ISD payroll office to deduct my dues from my paycheck, in two monthly installments beginning with the next pay period. The total amount will not exceed the annual dues indicated above.

School District Employee ID No. _____

Signature

Applicant's Signature

Date

Please complete and return this application to the Austin Area Association for Bilingual Education, Post Office Box 40891, Austin, Texas 78704.

Thank you, and welcome to AAABE!