Austin Area Alliance of Black School Educators

Austin Area Alliance of Black School Educators
AAABSE Membership Application
P.O. Box 16294 Austin, Texas, Texas 78761

Membership Status: ☐New ☐ Renewal

(Please Print)

_____

Last Name **First Name** **Middle**
Mr./Miss/Ms./Mrs./Dr.

_____

Position Title **School/Agency**

_____

Home Address **City** **Zip**

_____

Phone **E-mail Address**

_____

Business Address **City** **Zip** **Phone**

I would like my correspondence to be sent: ☐**Home** ☐**Business**

Type of Membership: ☐**Active** ☐**Retired** ☐**Student**

Membership Fees: ☐**Local/State: $60.00** ☐**Retired: $50.00** ☐**Student: $25.00**

Total Amount Attached: $_____ Check #_____ Payroll Deduction ___(Form required)

Please make checks payable: AAABSE

Commission (Select One):

☐**Local / General Administrator**
☐**Non-Certified Personnel**
☐**Teacher**
☐**District Administrator**
☐**Retired Educator**
☐**Higher Education**
☐**Instruction/Instructional Support**
☐**Legislative (Policy Development**
☐**Parent**
☐**Other: _____**

_____ _____

Signature of Member **Date**

Return application and check to: Dr. Linelle Clark-Brown @ CAC or mail it to the address listed above.