



Received _____
Check# _____
Amount \$ _____

Check if you DO NOT wish to have information released to "Members Only" access
All Chapter Officers must pay by December 31st in order to receive Chapter reimbursement

Please print or type ALL information: New _____ Renewal _____ D.O.B Month _____ Day _____

Last Name: _____
First Name: _____
Address: _____ Apt# _____
City: _____ State: _____ Zip: _____
Hm. Phone: (____) _____

Employer: _____
Job Position: _____
Wk. Phone: (____) _____
Work or Personal Email: _____
IMPORTANT! Please enter a valid email address

CHAPTER (Check One) NOTE: Region refers to Education Service Center

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Region 1 - Rio Grande Valley | <input type="checkbox"/> Region 6 - Bluebonnet | <input type="checkbox"/> Region 11- Metro West | <input type="checkbox"/> Region -16 -EDGS |
| <input type="checkbox"/> Region 2 - Coastal Bend | <input type="checkbox"/> Region 7 - ETEDA | <input type="checkbox"/> Region 12 -Brazos | <input type="checkbox"/> Region -17 -Caprock |
| <input type="checkbox"/> Region 3 - Gulf Coast | <input type="checkbox"/> Region 8 - TEDA.NET | <input type="checkbox"/> Region 13 - CAEDA | <input type="checkbox"/> Region -18 -Big Bend |
| <input type="checkbox"/> Region 4 - Hou-Met | <input type="checkbox"/> Region 9 - Red River | <input type="checkbox"/> Region 14 - Big Country | <input type="checkbox"/> Region -19 -El Paso Area |
| <input type="checkbox"/> Region 5 - Sabine-Neches | <input type="checkbox"/> Region 10 -Dal-Metro | <input type="checkbox"/> Region -15 -Amigos de los Ninos | <input type="checkbox"/> Region -20 -Alamo Area |
| | | | <input type="checkbox"/> Member-at-Large |

MEMBERSHIP YEAR: AUGUST 1, 2010 THROUGH JULY 31, 2011

CHECK APPROPRIATE MEMBERSHIP BOX:

\$65.00 Active, Associate or Affiliate *

Certified Educational Diagnostician, Private Practice, Contract Educational Diagnostician, Employed as Educational Diagnostician Intern working toward certification, Practicum Graduate Student, Professional working in related area (ex.LSSP's)

\$25.00 Retired or Student*

Non-working, previously active diagnostician, or students working toward Educational Diagnostician certification not yet enrolled in testing classes.

Select choice: Mail membership card Email membership card

CHECK APPROPRIATE INSURANCE BOX(ES):

PROFESSIONAL LIABILITY INSURANCE OPTIONS FOR ACTIVE, ASSOCIATE OR AFFILIATE TEDA MEMBERS ONLY

Choose Option 1: If an Employee of a School District

Choose Option 2: If an Independent Contractor/Educator in Private Practice/ Educational Consultant

Choose Options 1 & 2: If an Employee of a School District AND an Independent Contractor/ Educator in Private Practice/Educational Consultant

Professional Liability Insurance Option 1

Available to Active, Associate or Affiliate Members if an Employee of a School District. (See Policy for Terms and Conditions @ <http://www.txeda.org>)

Insurance Premium per Member:	\$30.00
State Taxes and Fees (4.91%)	\$ 1.47
Association Admin Fees:	\$ 1.53
Total Premium	\$33.00

Private Practice Educators Prof Liability Ins Opt 2

Available to 2010-2011 Active, Associate or Affiliate Members if an Independent Contractor (Educator Professional Contracted to an Educational Unit for service and receiving a 1099), Educator in Private Practice, or an Educational Consultant
(See Brochure @ <http://www.txeda.org>)

Insurance Premium per Member	\$199	
Agency Fee	\$ 66	Click here to
Total Premium	\$265	Purchase

\$65 Active, Associate or Affiliate Membership Dues only (\$65)

\$25 Retired or Student Membership Dues (Not eligible for insurance)

\$98 Active, Associate or Affiliate Membership Dues (\$65) + Option 1 Professional Liability (\$33)

\$330** Active, Associate or Affiliate Membership Dues (\$65) + Option 2 Purchased on line (\$265)

\$363** Active, Associate or Affiliate Membership Dues (\$65) + Opt 1 paid here (\$33) + Opt 2 Purchased on line (\$265)

\$ _____ Total Submitted ** **PAYMENT WITH THIS APPLICATION SHOULD NOT INCLUDE \$265 OPTION 2 PREMIUM; MUST PAY \$265 PREMIUM ON LINE AFTER 2010-11 TEDA MEMBERSHIP ENROLLMENT**

Mail payment for \$25, \$65 or \$98 to:
TEDA
5750 Balcones Drive, Suite 201
Austin, Texas 78731

* TEDA dues do not constitute a charitable contribution, and due to legislative activities only 65% may be deducted as a business expense, if applicable.