2009-2010 TEXAS FACULTY ASSOCIATION RENEWAL FORM

Current Information: *(Please review this information and enter corrections in the area provided.)*

Updated Information:

Name _____ Academic Title/Job Description _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Home Phone _____

Email Address _____ Ethnicity *(Optional)* _____

Institution _____ Campus _____

Membership Categories: *(Please check one.)*

___Full-time Faculty ($480)
___Full-time Professional Staff ($480)
___Part-time Faculty ($240)
___Part-time Professional Staff ($240)
___Graduate Student Instructor ($240)
___Full-time Classified Staff ($240)
___Part-time Classified Staff ($120)

SEE BACK FOR MORE INFORMATION

Payment Information: *(Please check one.)*

___**Automatic Bank Draft:** Monthly payments will be deducted from your checking account each month following the receipt of your completed renewal form. The full dues amount will be paid by August 2010. A CHECK MARKED VOID MUST BE ATTACHED TO PROCESS YOUR ENROLLMENT FORM.

I authorize the Texas Faculty Association (TFA) to begin deductions from my account with the financial institution named for payment of my TFA membership. The authorization will remain in effect until revoked by me in writing. I have the right to stop payment upon timely written notice to TFA and/or my designated financial institution. TFA and the financial institution indicated reserve the right to end this payment plan and my participation.

I authorize _____ *(Bank, Savings & Loan, or Credit Union)* to pay and charge my account on a monthly basis in payment of my TFA membership. I also agree to the terms shown above.

___**Check or Money Order** *(made payable to the Texas Faculty Association)*

___**Credit Card:** ☐Master Card ☐VISA ☐Discover Card #_____ Exp_____

To be eligible for TFA legal defense funding, a member must have been a TFA member at least thirty (30) calendar days before the member knew or should have known of the events or occurrences upon which the action complained of is based. Pre-existing conditions will not be pursued, except by discretion of TFA/TSTA.

Legal representation of a member is approved or denied after a careful analysis by the Texas Faculty Association Grievance Committee, the Texas Faculty Association Executive Director, and the Texas State Teachers Association General Counsel.

_____ _____
Signature (required for all payment types) Date

Please remit to: Texas Faculty Association, 316 West 12th Street • Austin, Texas 78701
For more information contact TFA at 800-364-8452, 512-476-5355, FAX 512-486-7054, or www.tfaonline.net.