

YES, I WANT TO JOIN THE TEXAS FACULTY ASSOCIATION.

Name _____ Academic Field or Program _____

Mailing Address _____

City _____ State _____ Zip _____

Institution *(if multiple campuses, please include campus)* _____

Office Phone _____ Home Phone _____

Optional: Soc. Sec. No. *(for identification purposes only)* _____ E-Mail Address _____

MEMBERSHIP CATEGORIES *(Check one.)*

- | | | |
|--|---|--|
| <input type="checkbox"/> First-Time Member Full-time Faculty or Professional Staff (\$300) | <input type="checkbox"/> Full-time Classified Staff (\$240) | <input type="checkbox"/> Part-time Classified Staff (\$120) |
| <input type="checkbox"/> Full-time Faculty or Professional Staff (\$438) | <input type="checkbox"/> Part-time Faculty (\$240) | <input type="checkbox"/> Graduate Student Instructor (\$240) |
| | <input type="checkbox"/> Part-time Professional Staff (\$240) | |

PAYMENT OPTIONS *(Please check one of the following categories)*

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

Credit Card: Master Card VISA Discover Card No. _____ Expires _____

Installment Payment Plan: You may pay your dues in two equal installments. One-half due upon application. One-half due in 60 days (we will bill you). Please initial below.

"I agree to pay my TFA dues in two equal installments. I understand my second installment is due in 60 days."
Please initial: _____

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 2009. 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.

Signature (required for all payment types) _____ Date _____

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. Exception may apply to first year employees who are members.

Some TFA chapters also charge local dues. For the amount of your local dues, if any, contact your local TFA chapter. Please pay local dues directly to the chapter. TFA's membership year runs from September 1, 2008 to August 31, 2009.

Demographic Data (confidential/optional)

- | | | | |
|--|--|---------------------------------------|---------------------------------|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Caucasian (not of Spanish Origin) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Male |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-ethnic | <input type="checkbox"/> Female |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other _____ | |

**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, ext.1471, FAX 512-486-7054, or www.tfaonline.net.**