

Association of Texas Technology Education



2008 www.atte.org 2009 Membership Application

Please **PRINT** (Use a Ball-Point Pen) or **TYPE**. Complete ALL information to help us better serve you.

Date of Application: _____ ESC#: _____ Include A, B or C if appropriate.
 Renewal: _____, New Member: _____, Address Change: _____, ITEA Member: _____, Regional Mbr: _____

Contact Information

Name: (L, F, M): _____
 Mailing Address: _____
 City: _____ State: _____ Zip + 4: _____
 Phone: (_____) _____ E-Mail: _____

___ **ATTE Active Membership.....	<u>\$ 73.00</u>
___ *Elementary Campus Membership	<u>\$229.00</u>
___ ATTE Life Member Contribution (Optional)	<u>\$</u>
___ ATTE Retired Active Membership.....	<u>\$ 7.00</u>
___ ATTE Associate/Vendor Membership	<u>\$ 91.00</u>
___ ATTE Student Membership.....	<u>\$ 7.00</u>

ATTE TOTAL \$

** \$16.00 of your dues is scheduled to compensate a lobbyist and therefore CANNOT be considered in your Federal Income Tax.
NOTE: Liability insurance is available for ATTE Members through VATAT for \$28.00.
 *** You must be an ATTE member to purchase the liability insurance.
For further information, contact Karen Grumbles at 512-472-3128 or via e-mail karen@vatat.org or send \$28.00 to:

VATAT - Insurance
 614 East 12th St.
 Austin, Texas 78701

Directions for Processing

1. Make Checks Payable to: **ATTE**.
2. Keep a copy for yourself.
3. Give a copy to your Regional Representative if necessary.
4. Send Payment AND TWO copies to:

Louis Vesel
910 Harrison Ave
Abilene, TX 79601

Notice: ATTE cannot be responsible for membership which does not reach our office.



ITEA INFO:
 International Technology Education Assoc.
 1914 Association Dr.
 Reston, VA 22091
 703.860.2100 www.iteaconnect.org

Regional Information

Regional Dues \$ _____ **DO NOT SEND REGIONAL DUES TO ATTE**

Regional Contact Person: _____ Phone: (_____) _____

ATTE OFFICE USE: **Entered DB:** _____
Post Mark: _____ **Check #:** _____ **Date Recieved:** _____ **Treas. Init.:** _____