

**TCEA MEMBERSHIP FORM**

2007

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

I/We would like to join TCEA as (check only one)

Individual (\$15.00)

Family (\$25.00)

Student (\$10.00)

Business (up to 5 employees)(\$25.00)

Business (more than 5 employees)(\$50.00)

Non-profit Organization (\$25.00)

I/We would like to make a donation to TCEA, Inc.  
in the amount of \$\_\_\_\_\_.

I/We would like more information about serving on  
a TCEA committee:

Finance

Issues

Membership

Programs

Public Relations

Other

Please make checks payable to TCEA and mail to:  
Robert Scott, TCEA Membership Chair  
1101 Circle Lane, Bedford, TX 76021.

Total Enclosed \$\_\_\_\_\_