CONTACT INFORMATION

Name ___________________________ Title ___________________________  
Organization _____________________ Email ___________________________  
Address __________________________ City __________________ State _______ Zip ________  
Office Phone ______________________ Cell Phone _____________________

PROFILE INFORMATION

Job Function Includes:  
☐ Accounting & Finance ☐ Distribution & Inventory ☐ Information Technology ☐ Instructional Materials  
☐ Internal Audit ☐ Maintenance & Operations ☐ Payroll ☐ PEIMS  
☐ Personnel ☐ Purchasing & Supply Mgmt ☐ Safety, Security & Risk Mgmt ☐ School Nutrition  
☐ Transportation  
Please add me to the committee(s) that correspond with my job function: ☐ Yes

Other Areas of Interest: ☐ Governmental Relations

Employment Level: ☐ Senior Leadership ☐ Mid-Level Management ☐ Other Management  
☐ Staff ☐ Consultant ☐ Retired

Certification Status:  
☐ Currently seeking a TASBO Certification ☐ Have a certification and seeking a higher level  
☐ Have a certification and taking CEUs to maintain ☐ Tell me more about certification ☐ Not currently interested

TASBO Volunteer Opportunities: ☐ Yes, I am interested ☐ No, I am not interested

MEMBERSHIP | INSURANCE | PAYMENT

Member Type
Active memberships are open to employees of K-12 schools and governmental entities. Should there be a staff change at the district, the membership can be transferred to another employee.

☐ Active ($135) ☐ Student ($90) ☐ Retired ($45)

Professional Liability Insurance
Professional Liability Insurance is open to Active Members only of K-12 schools and certain governmental entities. Insurance runs concurrent with membership year and goes into effect the date the membership is processed and paid for. More information on the coverage offered can be found on the Professional Educators Liability Insurance Policy Information Form located here: tasbo.org/become-a-member/member-benefits

☐ Yes, I want to purchase the optional professional liability coverage for an additional charge of $45.

*Itemization of Insurance Fee: premium is $37, state taxes/fees are 5%, $1.85 and $6.15 is retained as a TASBO administrative fee.

Please Note: This form is for purchasing insurance and membership together. If insurance is purchased separately, then use the Short-Term Member Insurance Registration Form.

Payment
Dues are up to a 12-month period, non refundable and will not be pro-rated. Benefits begin the day TASBO receives payment of membership. *Purchase orders are not accepted for dues payment. Please do not email credit card info.

Total Amount $ __________________  ☐ Check Enclosed  ☐ Credit Card # ___________________________

Cardholder _______________________ Exp Date __________ Signature ____________________________

SUBMIT FORM: register@tasbo.org; fax: 512.462.1782; or by mail: PO Box 91929, Austin, TX 78709