

## Identification Information

Full Name : \_\_\_\_\_

Designation (CAE, CMP, etc.) : \_\_\_\_\_

Job Title : \_\_\_\_\_

Organization : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City/State/Zip : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Email : \_\_\_\_\_

Website : \_\_\_\_\_

Birth Year : \_\_\_\_\_

To Which Gender Do You Most Identify?     Female     Male     Prefer Not to Disclose

What is your preferred pronoun?     He/Him     She/Her     They/Them     Prefer Not to Disclose

Do You have a physical, behavioral, developmental, or sensory disability?     Yes     No     Prefer Not to Disclose

## 2026-2027 Membership Dues Payment

The first member to join TSAE from an organization is defined as “Member #1”. The second or more, subsequent members from the same organization and location are defined as “Member #2”.

Member Type	Member Dues	Membership Year
Member #1	\$525.00	May 1 - April 30
Member #2	\$399.00	May 1 - April 30

Which member type are you applying?     MEMBER #1     MEMBER #2

## Demographic Information

To help tailor TSAE programs and services to the needs of our membership, please complete the following information for your application.

1. I am current member of:     ASAE     DFVAE     HSAE     IAEE     MPI     PCMA     Other \_\_\_\_\_

2. Geographic location:     Austin Area     DFW Area     Houston Area     Other \_\_\_\_\_

**3. Type of Service: Please check ONE category that best describes the products/services/facilities you represent:**

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting  | <input type="checkbox"/> Registration Services                           |
| <input type="checkbox"/> Association Management                            | <input type="checkbox"/> Golf Club/Tournament Services                   |
| <input type="checkbox"/> Association Management Software                   | <input type="checkbox"/> Hotel/Resort/Meeting Facility/Convention Center |
| <input type="checkbox"/> Attractions                                       | <input type="checkbox"/> Human Resources                                 |
| <input type="checkbox"/> Audio Visual Services                             | <input type="checkbox"/> Insurance/Risk Management                       |
| <input type="checkbox"/> Awards/Promotional Items                          | <input type="checkbox"/> Legal Services                                  |
| <input type="checkbox"/> Banking/Investments/Benefits                      | <input type="checkbox"/> Lobbying/Public Affairs                         |
| <input type="checkbox"/> Communications                                    | <input type="checkbox"/> Printing/Mailing                                |
| <input type="checkbox"/> Conference Planning                               | <input type="checkbox"/> Public Relations/Marketing                      |
| <input type="checkbox"/> Consulting  | <input type="checkbox"/> Publications                                    |
| <input type="checkbox"/> Convention & Visitor's Bureau/Chamber of Commerce | <input type="checkbox"/> Speaker/Speakers Bureau                         |
| <input type="checkbox"/> Destination Management                            | <input type="checkbox"/> Technology                                      |
| <input type="checkbox"/> Exhibition/Exposition Service                     | <input type="checkbox"/> Transportation                                  |
| <input type="checkbox"/> Payment Solutions                                 | <input type="checkbox"/> Website Services/Digital Services               |

**4. How many years have you serviced the association industry?** \_\_\_\_\_

**5. Food allergies:** \_\_\_\_\_

**6. Select the #1 reason you are joining TSAE**

- |   |  |
|---|--|
| <input type="checkbox"/> Develop knowledge and skills         | <input type="checkbox"/> Develop or identify to plan my events |
| <input type="checkbox"/> Connect with my professional peers   | <input type="checkbox"/> Further my career                     |
| <input type="checkbox"/> Learn how to do my job better        | <input type="checkbox"/> Member discounts on events            |
| <input type="checkbox"/> Access to resources and publications | <input type="checkbox"/> Other _____                           |

## Membership Directory

The **TSAE Membership Directory** is provided in an online web view that will be linked in an email after membership is processed. If you would like a physical copy mailed to you, please let us know by checking the box below. It will NOT mailed if the box is left blank.

- I would like to have the directory mailed to me.

## Membership Dues Payment

TSAE Membership belongs to the entity that pays the dues. Please indicate who will be paying for the membership below and the amount of dues owed.

Individual

Dues Amount (see page one): \$ \_\_\_\_\_

My employer

*This membership will expire on April 30, 2027.*

**TSAE Membership belongs to the entity that pays the dues.** A membership paid for by a company may be transferred to a different eligible employee of the company by notifying TSAE in writing.

I hereby apply for membership in the Texas Society of Association Executives (TSAE) and, if accepted, will abide by the bylaws, support its objectives, and pay the established membership dues. **I understand that TSAE membership belongs to the entity that pays for the dues.** TSAE dues are not deductible as a charitable contribution for federal tax purposes, but may be partially deductible as a business expense. TSAE dues are non-refundable and billed annually.

Attendance at, or participation in, TSAE meetings and other activities constitutes an agreement by me to TSAE's use and distribution (now and in the future) of my images or voice in photographs, videotapes, electronic reproductions and audio tapes of TSAE events and activities. Unless you inform TSAE that you object, permission is assumed.

I authorize TSAE to charge my member dues to the credit card (if any) which I have designated. By providing your mailing address, email address, phone number, and fax number, you consent to receive communications sent by or on behalf of TSAE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

## Payment Method

Checks may be payable to TSAE and mailed to 8200 N. Mopac Expressway, Austin, TX 78759  
Applications may be emailed to [info@tsae.org](mailto:info@tsae.org) or faxed to 512.444.5821.

Check enclosed    Mastercard    Visa    American Express    TSAE can contact me directly for payment

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
CARDHOLDER'S NAME

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Total Payment

## Membership Referral

Please indicate the individual that referred you to TSAE Membership (if applicable):

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_