

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	\$425.00	May 1 - April 30
Member #2	\$299.00	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. Your input will ensure TSAE continues providing valuable and innovative programming that assists in your professional development.

1. Which best describes your organization?

Employed by an association or other non-profit organization

Employed by an Association Management Company (AMC)

2. Functional Title: Please check one category below that best describes your primary job function.

- | | |
|--|---|
| <input type="checkbox"/> Chief Executive | <input type="checkbox"/> General Administrative |
| <input type="checkbox"/> Chief Operations/Admin Operations | <input type="checkbox"/> Government Relations/Public Affairs/Public Relations |
| <input type="checkbox"/> Communications | <input type="checkbox"/> IT Systems/Information Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal/Legislative |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Marketing/Sales |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Fundraising/Sponsorship | <input type="checkbox"/> Other _____ |

3. I am current member of: ASAE DFVAE HSAE IAEE MPI PCMA Other _____

4. My primary areas of interest include:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Finance | <input type="checkbox"/> Meeting Planning |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Education | <input type="checkbox"/> Government Relations | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Exposition Management | <input type="checkbox"/> Marketing | |

5. How many years have you worked in the association industry? _____

6. Geographic location: Austin Area DFW Area Houston Area Other

7. Food allergies: _____

8. 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 _____ |

9. Which of the following summarizes your CAE status?

- Currently hold
- Working on earning it
- No interest in pursuing

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 be 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 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: _____