

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 Associate Professional membership is available to any person no longer practicing in the profession (retired) or in-transition positions, as well as elected volunteers, students and other individuals with an interest in the association management profession, so long as they do not qualify for the other member categories: association professional, affiliate or CEO Premium.

Member Type	Member Dues	Membership Year
Associate Professional	\$99.00	May 1 - April 30

Which member type are you applying? Associate Membership

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

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

3. Food allergies: _____

4. 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 _____ |

5. Which of the following summarizes you 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 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: _____