

Received \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount \$ \_\_\_\_\_



**2009-2010 TEDA MEMBERSHIP APPLICATION**

Check if you DO NOT wish to have information released to "Members Only" access   
All Chapter Officers must pay by December 31 in order to receive Chapter reimbursement

Please Print or Type ALL Information: New \_\_\_\_\_ Renewal \_\_\_\_\_ D.O.B. Month \_\_\_\_/Day \_\_\_\_

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Hm. Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_  
Job Position \_\_\_\_\_  
Wk. Phone (\_\_\_\_) \_\_\_\_\_  
Zip \_\_\_\_\_  
Work or Personal Email \_\_\_\_\_

**IMPORTANT! Please enter a valid e-mail address**

CHAPTER (Check One) NOTE: Region refers to Education Service Center

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Region 1 - Rio Grande Valley | <input type="checkbox"/> Region 8 – TEDA.NET     | <input type="checkbox"/> Region -15 –Amigos de los Ninos |
| <input type="checkbox"/> Region 2 - Coastal Bend      | <input type="checkbox"/> Region 9 – Red River    | <input type="checkbox"/> Region -16 -EDGS                |
| <input type="checkbox"/> Region 3 - Gulf Coast        | <input type="checkbox"/> Region 10 –Dal-Metro    | <input type="checkbox"/> Region -17 -Caprock             |
| <input type="checkbox"/> Region 4 – Hou-Met           | <input type="checkbox"/> Region 11- Metro West   | <input type="checkbox"/> Region -18 –Big Bend            |
| <input type="checkbox"/> Region 5 - Sabine-Neches     | <input type="checkbox"/> Region 12 –Brazos       | <input type="checkbox"/> Region -19 –El Paso Area        |
| <input type="checkbox"/> Region 6 – Bluebonnet        | <input type="checkbox"/> Region 13 – CAEDA       | <input type="checkbox"/> Region -20 –Alamo Area          |
| <input type="checkbox"/> Region 7 – ETEDA             | <input type="checkbox"/> Region 14 – Big Country | <input type="checkbox"/> Member-at-Large                 |

**MEMBERSHIP YEAR: August 1, 2009 through July 31, 2010**

**CHECK APPROPRIATE BOX:**

**\$65.00 Active, Associate or Affiliate**  
(Please note: \$35.00 of dues is tax deductible  
\$30.00 is NOT tax deductible)\*

**\$25.00 Retired or Student**  
(Please note: \$15.00 of dues is tax deductible  
\$10.00 of dues is NOT tax deductible)\*

Previous active diagnosticians' NOT WORKING or students working toward Educational Diagnosticians' certification NOT YET enrolled in testing classes during the current school year.

**Are You an Employee of a School District?**

Yes or  No If yes, see Insurance  
Option below (Independent Contractors not eligible)

- \* Certified as an Educational Diagnostician
- \* Contract Educational Diagnostician
- \* Private Practice
- \* Employed as an Educational Diagnostician Intern Working toward certification
- \* Practicum Graduate Student
- \* Professional working in related area. (Ex. LSSP's)

**\*Money used for legislative action is NOT tax deductible**

**Insurance Option: (in addition to Membership)**

Active, Associate or Affiliate Members Only

**\$33.00 Insurance Only**  
(See insurance cost breakdown below)  
Insurance Premium per Member: \$30.00  
State Taxes and Fees (4.91%) \$ 1.47  
Association Admin Fees: \$ 1.53

See Policy for Terms and Conditions at  
<http://www.txeda.org>

\$ \_\_\_\_\_ Total Submitted:  \$65  \$98  \$25

**Make checks payable to: TEDA**

Send your membership application with dues to:  
**Brenda Billstein-Membership Secretary**  
105 Ashton Glen – Victoria, TX 77904

Check to have membership card mailed   
Check to have membership card emailed

If you have any questions, call 361.275.6766 Ext. 716 or email – [bhamm@dlsec.org](mailto:bhamm@dlsec.org)