



Received _____
Check # _____
Amount \$ _____

2008-2009 TEDA MEMBERSHIP APPLICATION

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

Please Print or Type **ALL** Information: New _____ Renewal _____ ID# _____ D.O.B.--Month_____/Day_____

Last Name _____ Employer _____

First Name _____ Job Position _____

Address _____ Apt. # _____ Wk. Phone (_____) _____

City _____ State _____ Zip _____

Hm. Phone (_____) _____

Personal/Home E-mail _____
IMPORTANT! Please enter a valid email

CHAPTER (Check one): NOTE: Region refers to the Educational Service Center Region

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

MEMBERSHIP YEAR: AUGUST 1, 2008 THROUGH JULY 31, 2009

CHECK APPROPRIATE LINE:

____ \$65.00 ACTIVE, ASSOCIATE or AFFILIATE
(Please note: \$35.00 of dues is tax deductible;
\$30.00 of dues 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) *

- * 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)

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

INSURANCE OPTION: (IN ADDITION TO MEMBERSHIP)

____ \$33.00 INSURANCE ONLY available for
(See insurance cost breakdown below)
Insurance Premium per Member \$30.00
State Taxes and Fees (4.91%) 1.47
Association Administrative Fees 1.53
TOTAL \$33.00

Active, Associate or Affiliate members

Reimbursement of Attorney Fees for Private Practice
(see policy for terms and conditions)

\$ _____ Total Submitted (\$65; \$98; \$25:) **Make checks payable to TEDA.**

Send your membership application with dues to:

Brenda Billstein Membership Secretary
201 Pecos Drive • Victoria, TX 77904

Check to have membership card mailed

Check to have membership card Emailed

If you are a TEDA Officer please list here: _____

If you have any questions, call (361) 275-6766; (361) 580-1327 or e-mail - bhamm@dlsec.org

***Money used for legislative activities is not tax deductible**