



TABSE AFFILIATE PROFILE- Fall 2007

Name of Affiliate _____

Mailing Address: _____
City Zip

President: _____
Work Phone: Home Phone: Cell Phone:

Mailing Address:

Email:

Term to Expire:

Name	Telephone	Email
Pres. Elect/Vice President		
Recording Secretary		
Corresponding Secretary		
Treasurer		
Parliamentarian		
Historian		
Chaplin		

Number of Local Members: _____ Date of Charter _____
Number of State Members _____ Number of National Members _____
Number of TABSE Life Members _____

Major Goal:

Major Projects:



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