



# TEXAS ALLIANCE OF BLACK SCHOOL EDUCATORS DUES TRANSMITTAL FORM

**Purpose:**

Use this form to send membership dues from the Local Affiliate to TABSE.

**Instructions:**

- Make copies of this form as needed.
- Fill in the information requested below.
- Calculate amount of dues at \$20.00 per member per annum.
- Dues should be submitted on a monthly basis, unless no dues are collected.
- Write one check (or money order) for all forms submitted at the same time.
- Submit this form along with payment. Keep a copy of this form for your records.
- *Make checks payable to TABSE and mail to* **TABSE**  
2501 Stalcup Road  
Fort Worth, Texas 76119

<b>Date :</b>	<b>Acronym:</b>	
<b>Contact Person:</b>	<b>Position</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Daytime Phone:</b>	<b>Email:</b>	
<input type="checkbox"/> Check here if you wish to receive an email notification that dues payment was received.		

**DUES CALCULATION - Total dues are \$20.00 per member per annum**

Number of members \_\_\_\_\_ x \$20.00 = \$ \_\_\_\_\_

**This payment represents dues collected for new members for the following month:**

- |                               |                               |                              |                              |                              |
|-------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Aug  | <input type="checkbox"/> Sept | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |
| <input type="checkbox"/> Jan  | <input type="checkbox"/> Feb  | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May |
| <input type="checkbox"/> June | <input type="checkbox"/> July |                              |                              |                              |

*Note: If no dues are collected during a month, it is NOT necessary to submit this form.*

Signature of Membership Chairperson or Treasurer: \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Amount Received \$ \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

- Check # \_\_\_\_\_       Money Order # \_\_\_\_\_       Cash