



# AFFILIATE DUES REQUEST FORM

**Purpose:**

Use this form to request that the Texas Alliance of Black School Educators (TABSE) makes your local Affiliate a member of TABSE.

**Instructions:**

- Fill in the information requested below.
- Attach a check in the amount of \$100.00 for New Affiliate
- TABSE will bill your local Affiliate annually in July, for the \$75.00 renewal fee for current financial affiliates.

**Make checks payable to**      **TABSE**  
**ATTN: FINANCIAL SECRETARY**  
**3100 Richmond Avenue, Suite 306**  
**Houston, Texas 77098**  
[www.tabse.net](http://www.tabse.net)

AFFILIATE NAME:	ADDRESS:	AFFILITATE EMAIL:
PRESIDENT:	PHONE:	EMAIL:
TREASURER:	PHONE:	EMAIL:

President's Signature: \_\_\_\_\_

**Note: Your Affiliate is considered inactive when dues are not paid within the past fiscal year, September 1—August 31st; therefore, \$100 is due. If Affiliate dues are not paid by October 31st then a \$25 late fee is due.**

<b>FOR OFFICE USE ONLY:</b>	
Amount Received \$ _____	Date Received ____ / ____ / ____
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Paid By Credit Card Online