



**Membership Dues Transmittal Form
2020-2021**

Purpose:

Use this form to send individual 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 \$75.00 per regular member, \$35.00 per retired members, \$25.00 per paraprofessional member, and \$20.00 per student member (non-full time employee). Additional membership categories may be found at the TABSE Website.
- Dues should be submitted monthly unless no dues are collected.
- Write one check (or money order) for all new members at the same time. Payments may be made via PAYPAL on the TABSE Webpage (additional fees will apply).
- Submit this form along with payment. Keep a copy of this form for your records.

Make checks payable to: TABSE
ATTN: FINANCIAL SECRETARY
PO Box 2201
Rowlett, Texas 75030
www.tabse.net

| | |
|--|-----------------------|
| DATE: | AFFILIATE: |
| Contact Person: | POSITION: |
| ADDRESS: | |
| City: | State: ZIP: |
| Phone: | Email: |
| <input type="checkbox"/> <u>Check here if you wish to receive an Email notification that dues payment was received</u> | |

DUES CALCULATION

Total dues are \$75.00 per regular member, \$35.00 per retired member, \$25.00 per paraprofessional member, and \$20.00 per student member (non-full time employee).

No. of regular members: ___ X \$75.00 = \$ _____ No. of retired members: ___ X \$35.00 = \$ _____

No. of para members: ___ X \$25.00 = \$ _____ No. of student members: ___ X \$20.00 = \$ _____

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

___ Sept ___ Oct ___ Nov ___ Dec ___ Jan ___ Feb
 ___ Mar ___ Apr ___ May ___ June ___ July

Note: Submit a current Roster identifying the members being added. If no dues are collected during a month, it is NOT necessary to submit this form. Dues paid only cover the current Fiscal Year (FY); September – August

Signature of Membership Chairperson or Treasurer: _____ Date: _____.

For Office Use Only:

| | |
|----------------------------------|------------------------------------|
| Amount Received \$ _____. | Date: _____. |
| ___ Check # _____ | ___ Money Order# _____ ___ Cash |