

TACHE Membership Application

Date of Application: _____

Name: _____

Title: _____

Institution: _____

Highest Education Degree: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel: (____) _____ Fax: (____) _____

E-mail: _____

Professional experience and interests:

___ PROFESSIONAL - \$30.00

___ ASSOCIATE - \$30.00

___ UNDERGRADUATE STUDENT - \$5.00

___ GRADUATE STUDENT - \$10.00

___ CORPORATE (*Provides for five Associate memberships*) - \$300.00

___ INSTITUTIONAL (*Provides for five Professional memberships*) - \$250.00

Are you currently receiving El Noticiario (TACHE's official newsletter)? __ Yes __ No

If Yes, to what address?

Mailing address _____

City _____ State _____ Zip _____

Make check or money order payable to:

TACHE, P.O. Box 986, Austin, TX 78767-0986