Texas State-Wide Network of Assessment Professionals

2007-2008 Membership Application

Please CLEARLY print the information requested: CIRCLE ONE | *Dr.* *Mrs.* *Ms.* *Mr.*

Name: _____ _____
Last Name *First Name*

Title: _____

Organization/District: _____

Mailing Address: _____
Street, P.O. Box

City: _____ State: _____

Zip: _____ Region Service Center: _____

Phone: (_____) _____ Ext:_____

Email: _____

Regional Group Membership: RATS MATS BRATS CATS DRATS NEATS _____
(circle or indicate current group if applicable)

New Member: _____ Renewing Member: _____ (Check One)

Other Information: _____

Please indicate here if you wish to request that your directory information not be published on future TSNAP website or membership directories. CHECK ____ AND INITIAL _____ if information is to be restricted.

Please submit annual membership dues of $25.00 to the address below. Checks should be made out to TSNAP.

TSNAP
C/O John Thornell
PO Box 342
Kyle, Texas 78640

TSNAP Taxpayer ID: 74-2989717

Treasurer – John Thornell (512-268-8462 Ext. 6484)
- Email: thornellj@hayscisd.net

Web Address: **www.tsnap.com**

TSNAP USE ONLY

Payment Received Date _____

Database Posted Date: _____

Payment Type

☐ School Check # _____

☐ Personal Check # _____

☐ Cash _____