



Texas State-Wide Network of Assessment Professionals

2008-2009 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
DEEP SOUTH REGION WESTERN REGION WICHITA FALLS REGION _____
(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Please indicate here if you wish to request that your directory information not be published on future TSNAP website or membership directories.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 _____