



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 FRATS TAP SPATS Other:: _____
(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Please indicate here if you wish to request that your directory information not be published on future TSNAP website or membership directories.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 Dr. Joe Garrison
PO Box 7733
Tyler, Texas 75711

Treasurer – Dr. Joe Garrison (903-262-1014)
Email: joe.garrison@tylerisd.org

Web Address: www.tsnap.org

TSNAP USE ONLY

Payment Received Date _____

Database Posted Date: _____

Payment Type

School Check # _____

Personal Check # _____

Cash _____