



Texas State-Wide Network of Assessment Professionals

2011-2012 Membership Application

Please CLEARLY print the information requested: (Circle One)

Dr. Mrs. Ms. Mr.

Name: _____
Last Name First Name MI

Title: _____

Organization/District: _____

Mailing Address: _____
Street, P.O. Box

City: _____ State: _____

Zip: _____ Region Service Center: _____

Phone: (_____) _____ Ext: _____

Email: _____

Regional Group Membership: (circle group) BRATS CATS CBATS DRATS D SOUTH FRATS
MATS-East MATS-West NEATS RATS SETTS SPATS TAP TOTRATS Other _____

(Check One) New Member: Renewing Member:

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Please indicate here if you wish to request that your directory information not be published on future TSNAP website or membership directories.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
P.O. Box 7733
Tyler, Texas 75711**

Membership: Bill Renton (210-213-3095)
Email: brenton@southsanisd.net

Treasurer: Dr. Joe Garrison (903-780-4024)
Email: joe.garrison@att.net

Web Address: www.tsnap.org

TSNAP USE ONLY

Payment Received Date _____

Database Posted Date: _____

Payment Type

School Check # _____

Personal Check # _____

Cash _____