



Texas State-Wide Network of Assessment Professionals

2009-2010 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: BRATS CATS DRATS D SOUTH FRATS MATS-East
MATS-West NEATS RATS SPATS TAP _____ (circle or indicate current group if applicable)

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Please indicate here if you wish to request that your directory information not be published on future TSNAP website or membership directories.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

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 _____