

**Institutional Membership Roster**

**Institution: Year:**

**Payment is being made by \_\_\_check\* or \_\_\_credit card (through website)**

* The TACUSPA **membership cycle is from January 1st through December 31st,** regardless of when membership is paid.
* Institutional membership levels are in groups of 3 and the cost is $100 per 3 members.  This is a savings of $5 for every 3 members.
* **Two** **student memberships** may be substituted for one professional membership.   *Students must be enrolled full time and NOT be a full time college/university employee*.
* **One FREE full time faculty member** at the institution that teaches in a higher education, student affairs, or similar program may be included on the membership.
* The Chief/Senior Student Affairs Officer or designated membership manager may add or remove individuals listed under the institutional membership.

*\*Memberships paid by check will be updated once the Treasurer notifies the Director of Membership that the check has been received.*

TACUSPA Federal ID # 75-1644217.

Please select a membership level from the choices below.

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|  | Level 1: $100 for 3 members |  |  | Level 7: $700 for 21 members |
|  | Level 2: $200 for 6 members |  |  | Level 8: $800 for 24 members |
|  | Level 3: $300 for 9 members |  |  | Level 9: $900 for 27 members |
|  | Level 4: $400 for 12 members |  |  | Level 10: $1,000 for 30 members |
|  | Level 5: $500 for 15 members |  |  | Level 11: $1,100 for 33 members |
|  | Level 6: $600 for 18 members |  |  |  |

**Send payment to:**

Ashley Spicer-Runnels  
Texas A&M University-San Antonio

One University Way  
San Antonio, TX 78224 

**Send membership form to:**

[Hope](mailto:Hope).Garcia@unt.edu or

Hope Garcia

2811 Internet Blvd. Ste 100

Frisco, TX 75034

**Membership Manager** will receive notification of when renewal is due, can submit changes to this roster, and can assist the Director of Membership with questions (does not need to be a TACUSPA member):

|  |  |
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| First & Last Name |  |
| Email Address |  |
| Phone Number |  |

**\*\*If printing this form, only print the pages you need. This form has 10 pages.\*\***

**OPTIONAL: FREE Faculty member that teaches in a higher education, student affairs, or similar program:**

|  |  |
| --- | --- |
| First & Last Name |  |
| Title |  |
| Email address |  |
| Phone Number |  |
| Mailing Address |  |
| City, State, Zip |  |

**\*\*Note: If entire address is same for everyone or if the only difference is a mail box, unit, or stop number, write ‘same’ and note the box, unit, or stop number, as applicable.**

1. **Chief/Senior Student Affairs Officer** – the C/SSAO counts as a member. If the C/SSAO is not included in this particular membership, please skip to member 2.

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| First & Last Name |  |
| Title |  |
| Email address |  |
| Phone Number |  |
| Mailing Address |  |
| City, State, Zip |  |

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| **2. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **3. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **4. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **5. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **6. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **7. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **8. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **9. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **10. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **11. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **12. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **13. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **14. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **15. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **16. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **17. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **18. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **19. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **20. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **21. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **22. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **23. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **24. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **25. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **26. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **27. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **28. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **29. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **30. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |

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| **31. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
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| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
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| **32. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
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| **33. Membership Type** |  | **Professional** |  | **Student** |
| First & Last Name |  | | | | |
| Title |  | | | | |
| Email address |  | | | | |
| Phone Number |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip |  | | | | |