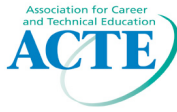
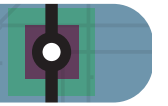


Institutional Membership Form



Institute Contact Information

Institution _____ County _____

Campus (if applicable) _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

Educational Institutional Membership is open to any entity interested in the welfare of the Career and Technology Association of Texas and is defined as any school district, technical and career center, curriculum center, educational consortia, community college or university.

CTAT promotes quality instructional partnerships with business and industry to successfully prepare every student for the challenges of postsecondary education, a globally competitive workplace and active citizenship.

Membership is for one year from when dues are received. A three month grace period is extended for renewals.

Thank you for your interest in CTAT.

Select Membership Type for all Members

Active Membership

1 to 20 members \$175 each \$175 X _____ = \$ _____

(State and national dues, full voting rights)

More than 20 members \$155 each \$155 X _____ = \$ _____

(For less than 20 members, multiply by \$175; for over 20 members, multiply by \$155 for each member)

College Scholarship Donation

Myra Hasty & Dr. Pat McLeod Scholarship for CTE Students \$ _____

Optional Insurance Coverage

\$1 Million Educator's Liability Insurance \$99 X _____ = \$ _____

(Coverage is effective from date of receipt for one year.)

Total Due \$ _____

Contact Information

1. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

2. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

3. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

4. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

5. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

6. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage



7. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

8. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

9. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

10. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

11. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

12. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

13. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

14. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

15. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

16. Name _____ Title _____

Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

17. Name _____ Title _____
Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

18. Name _____ Title _____
Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

19. Name _____ Title _____
Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

20. Name _____ Title _____
Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

21. Name _____ Title _____
Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

22. Name _____ Title _____
Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

23. Name _____ Title _____
Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

24. Name _____ Title _____
Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

25. Name _____ Title _____
Phone _____ Email _____

Select Division:

Administration Guidance Post-secondary None

Optional Insurance Coverage

Make checks payable to CTAT - Tax ID #75-2832376
All Major Credit Cards Accepted - Mastercard, Visa, Discover, American Express

Card # _____ Exp. _____

Name on Card _____ Signature _____

Billing Address _____ City _____ State/Zip _____

Fax credit card and/or purchase orders to (512) 288-9998
Mail checks to CTAT, 1108 Lavaca St, Ste. 110-486 Austin, TX 78701

Contact Bailey Morrison (512) 288-8666 bailey@ctat.org