



Association on Higher Education and Disability in Texas

Membership Application

Membership Year: January 1 - December 31 of each year.

Members who join during the last quarter of any calendar year will receive membership for the following year, in addition to the balance of the current year.

Name: _____ Title: _____

Institution/Organization: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Membership Category

_____ New Membership - *How long have you been working with students with disabilities?* _____

_____ Renewal – *How long have you been a member of AHEAD in Texas?* _____

_____ Institutional Membership (higher education -- voting, transferable) \$80

_____ Professional Member (higher education, DARS counselor, etc. – voting, non-transferable) \$65

_____ Associate (administrative staff, advocate, parent - non-voting, non-transferable) \$50

_____ Emeritus Professional (non-voting, non-transferable) \$20

_____ Student (non-voting, non-transferable -- *Must provide proof of current enrollment*) \$20

_____ Upgrade Fee to make previously paid professional membership, institutional level*
(Original membership must have been paid with institutional funds) \$15

*Name of Previous Professional Member: _____

Payment Information (AHEAD in Texas FIN# 74-2958119)

_____ Check enclosed payable to "AHEAD in Texas" in US funds.

[Check #: _____ - *office use only*]

_____ Purchase Order #: _____ (Invoice will be sent)

_____ Credit Card (please complete the information below)

Card Type (check one): American Express Discover MasterCard Visa

Credit Card Number: _____

Expiration Date: ____ / ____ 3-Digit Security Code: _____

Card Holder Name: _____

Signature: _____

Please either fax this form to 936-468-1368 (Attn: Chuck Lopez) -OR- mail form & payment by U.S. Mail to:

**AHEAD in Texas
SFA Station
Box 4606
Nacogdoches, TX 75962**