



# 2005-2006

## CHAPTER AFFILIATION FORM

Technology Student Association  
1914 Association Drive  
Reston, VA 20191-1540  
Phone 703/860-9000  
Fax 703/758-4852  
www.tsaweb.org

Using only this form (not state delegation forms), fill out both pages completely and attach a student roster if necessary. Type or print clearly and firmly. See page two of this form to order publications at the same time that you submit your affiliation. **To add members throughout the school year, use the "Additional Members Form" found in your Affiliation Packet or available on our website.**

*Chapters may affiliate at any time during the school year; however, chapters that affiliate by November 4, 2005 will receive:*

*Uninterrupted service*

*TSA 2005-2006 Directory*

*Gold Seal affiliation certificate*

School: \_\_\_\_\_ My chapter is (circle only one): middle school high school

School address: \_\_\_\_\_ Email address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Chapter advisor(s): \_\_\_\_\_

Principal: \_\_\_\_\_

School phone: \_\_\_\_\_ Office/lab phone: \_\_\_\_\_

School fax: \_\_\_\_\_ Advisor's home phone: \_\_\_\_\_

School district: \_\_\_\_\_ Total number of student members: \_\_\_\_\_  
(if attaching roster, total the number of students here)

### ROSTER

List the names of chapter officers below. Attach a complete roster of all student members, including all those in CAP chapters.

1. President \_\_\_\_\_ 6. Sergeant-at-Arms \_\_\_\_\_

2. Vice President \_\_\_\_\_ 7. \_\_\_\_\_

3. Secretary \_\_\_\_\_ 8. \_\_\_\_\_

4. Treasurer \_\_\_\_\_ 9. \_\_\_\_\_

5. Reporter \_\_\_\_\_ 10. \_\_\_\_\_

### DIRECTIONS FOR AFFILIATION

- Select CAP or INDIVIDUAL membership.** TSA has unified membership. This means that no one may be a member of TSA, or participate in TSA activities/conferences, without affiliating at the local, state and national level. Individual chapters pay national and state dues (where applicable) for each student member. CAP chapters (most cost effective for chapters with 40 or more members) pay a "flat fee" for national and state dues and may affiliate an unlimited number of student members. Attach the names and addresses of alumni members.
- Calculate all relevant national and state dues.** Check the 2005-2006 Chapter Affiliation Booklet for your state dues. Overpayment of less than \$25 will not be refunded.
- MAKE A COPY** of your completed signed form for your chapter records, and send a copy of each page to your state advisor.
- For states with *direct* affiliation, **submit a completed original form and payment** to National TSA. For *indirect* affiliations, send a completed original form and payment to your state advisor.

*Select affiliation program on page two and complete payment information. This form is incomplete without page two.*

## TSA 2005-2006 Affiliation Form (page 2)

School Name: \_\_\_\_\_ Advisor: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**INDIVIDUAL PROGRAM**

**CAP PROGRAM**

Advisor dues \_\_\_\_\_ @ \$10.00 ea. \_\_\_\_\_  
# advisors subtotal

Associate/  
Alumni dues \_\_\_\_\_ @ \$10.00 ea. \_\_\_\_\_  
# alumni subtotal

National dues \_\_\_\_\_ @ \$ 9.00 ea. \_\_\_\_\_  
# students subtotal

State dues \_\_\_\_\_ @ \$ \_\_\_\_\_ ea. \_\_\_\_\_  
#students subtotal

TOTAL CHAPTER DUES \$ \_\_\_\_\_

Advisor dues \_\_\_\_\_ @ \$10.00 ea. \_\_\_\_\_  
# advisors subtotal

Associate/  
Alumni dues \_\_\_\_\_ @ \$10.00 ea. \_\_\_\_\_  
# alumni subtotal

National dues \$ 350.00

State CAP dues \$ \_\_\_\_\_

TOTAL CHAPTER DUES \$ \_\_\_\_\_

### TSA Publications

Quantity	Item	Price/Item	Total
_____	2005-2006 TSA Chapter Program Kit (CD-ROM)	\$15.00	_____
_____	2005-2006 TSA Directory	\$6.00	_____
_____	2005-2006 HS Technology Activities Guide (with CD-ROM)	\$40.00	_____
_____	2006-2007 MS Technology Activities Guide (with CD-ROM)	\$40.00	_____

Shipping and handling charges are included in the price of the publication. Please allow up to three weeks for delivery. Orders will be shipped to the address shown on this affiliation form. Please furnish a street address, not a post office box, when ordering.

Total membership dues: \$ \_\_\_\_\_

Total publications \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

**PAYMENT METHOD** Please check one:

Personal check or cashier's check enclosed

Copy of purchase order attached

*(Affiliation cannot be processed without your purchase order.)*

Credit card:

Visa

Discover

MasterCard

American Express

Name: \_\_\_\_\_

Cardholder's address: \_\_\_\_\_

Account # 

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Exp. 

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Signature as it appears on credit card: \_\_\_\_\_