

2017-2018 NEW MEMBER APPLICATION

Name: _____

Company: _____

Title: _____ Service Area: _____

Texas Office Address: _____

Street or PO Box

City

State

Zip

Office Phone: _____ Fax _____

Email Address: _____

Residence Address: _____

Street or PO Box

City

State

Zip

Residence Phone: _____ Fax _____

Address and phone to be listed with your name in Representative Section of the Texas Educational Publishers' Association (TEPA) Roster of Membership.

_____ refer to office address/phone

_____ list residence address/phone

Annual dues are as follows:

1 – 5 members listed per company are \$60 per individual member.

Over 5 members listed per company are \$50 per individual member.

Please attach check payable to TEPA for your membership dues. Mail to TEPA, 2008 Towne View, Flower Mound TX 75028.