



**Family and Consumer
Sciences Teachers
Association of Texas**
2010-2011 Membership

Name _____
Please complete entire form. Sign and date form at bottom of page.

Address _____

City _____

Zip _____ Phone _____

Home County _____

Date of Birth _____ SS# _____

ISD _____

FCSTAT District _____ FCSTAT Region _____
(Education Service Center) (FCCLA Region)

School County _____

Campus _____

Address _____

City _____

Zip _____ Phone _____

FAX _____

Home E-Mail _____

School E-Mail _____

MEMBERSHIP CATEGORIES AND DUES

NEW AND RETURNING MEMBERS: PLEASE COMPLETE ALL CATEGORIES THAT APPLY

New Member Renewal

Please check appropriate category and determine amount to pay below.

Active (See Schedule Below)

Total YEARS of ALL teaching experience **COMPLETED** _____
(As of May 30, 2010)

Membership begins with receipt of dues and continues for 12 consecutive months.

YEARS OF EXPERIENCE	DUES
0	95.00
1-11	115.00
12-20	137.00
21+	148.00

(Former FCSTATss member - Dues are 1/2 price during 1st year of teaching - \$47.50)

ASSOCIATE - Annual dues are \$40.00 _____

RETIRED - Annual dues are \$10.00 _____

OPTIONAL

LIABILITY INSURANCE \$31.00* _____

Pay in full on join date. Include \$31 with 1st payment.*

Pay with cash, check or MC/VISA if using payroll deduction.

Policy dates are August 15, 2010 - August 15, 2011

ACTE - National Affiliation - Active dues are \$80.00
Retired dues are \$31.00 _____

NATFACS - Annual dues are \$20.00 _____

You must be a member of ACTE to join NATFACS

**** Scholarship Donation:** FCSTAT _____

Judith Hetherly _____

Elizabeth Smith _____

Ruth Huey _____

TOTAL DUES AND CONTRIBUTIONS \$ _____

Method of Payment: Complete the Appropriate Section Below

Cash \$ _____

Check(s) Number of checks _____

Liability Insurance (Add \$31* to 1st Check)

Amount of 1st Check (Add \$31* for Liability) \$ _____

Remaining Checks: _____ @ \$ _____ = \$ _____
(Number) (Amount)

Total Dues Including Liability Insurance \$ _____

Date checks 1st or 15th, last check dated no later than 5 months after join date.

MC VISA Number of Payments (Not to exceed 5) _____

Liability Insurance (Add \$31* to your 1st payment)

Amount of First Payment (Add \$31* for Liability) \$ _____

Remaining Payments: _____ @ \$ _____ = \$ _____
(Number) (Amount)

Total Dues Including Liability Insurance \$ _____

Card # _____

Name of Cardholder _____ Exp. Date _____

Cardholder must sign below

Payroll Deduction Authorization - (Payroll Deduction Authorization Form must be signed and attached.)

I hereby authorize the _____ School District to deduct _____ payments (no more than 8) @ \$ _____ for a total of \$ _____ in order to pay my FCSTAT dues. **This authorization will continue in effect until the annual amount is paid and will automatically be renewed each school year. To discontinue, I must give written notice to the local by September 15.** I further authorize any unpaid annual balance to be deducted from my final check. FCSTAT will notify School District official of the annual dues amount for all levels of the Association each year. Payments will be made in accordance with School District Policy.

Liability insurance premium must be paid in full on join date with cash, check or MC/VISA.

Please sign and return form to: **Family and Consumer Sciences Teachers Association of Texas**

5524 Bee Caves Road, Suite H-1 • Austin, Texas 78746-5246 • 512-794-8370 • 1-888-327-8281 • FAX: 512-794-9080 • www.fcstat.org

SIGNATURE _____ **DATE** _____

FCSTAT dues are not deductible as a charitable contribution for tax purposes, but continue to be deductible as a business expense.

** Scholarship donations ARE deductible as a charitable contribution.

* Insurance Premium per Member \$24; State Taxes and Fees (4.91%) \$1.18; Association's Administrative Fees \$5.82; TOTAL \$31.00