



**Family and Consumer
Sciences Teachers
Association of Texas
2020-2021 Membership**

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

Address _____

City _____

Zip _____ Cell 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 _____

(H) E-Mail _____

(S) 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 and ASSOCIATE - Please include total years for tenure records.

TOTAL Years of Tenure or TOTAL Years of Teaching **COMPLETED** _____
(As of May 30, 2020)

ACTIVE - Annual dues are \$175.00 _____

(Former FCSTATss Member - Dues are 1/2 price during 1st year of teaching - \$87.50)

ASSOCIATE - Annual dues are \$75.00 _____

RETIRED - Annual dues are \$25.00 _____

Membership (in all categories) begins with receipt of dues payment and expires on August 15, 2021, regardless of date joined.

OPTIONAL

LIABILITY INSURANCE \$35.00* _____

Pay in full on join date. Include \$35 with 1st payment.*

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

Policy dates are August 15, 2020 - August 15, 2021

ACTE - National Affiliation - Active dues - \$80.00

Retired dues - \$31.00 _____

NATFACS - Annual dues are \$20.00 _____

You must be a member of ACTE to join NATFACS

** Scholarship Donations: FCSTAT _____

Judith Hetherly _____

Elizabeth Smith _____

Ruth Huey _____

Gay Nell McGinnis _____

TOTAL (Dues, Insurance, and Contributions) \$ _____

Method of Payment: Complete the Appropriate Section Below

PAYING WITH CASH Amount \$ _____

PAYING WITH CHECK(S) Number of checks _____

Liability Insurance (Add \$35* to 1st Check)

Amount of 1st Check (Add \$35* for Liability) \$ _____

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

TOTAL AMOUNT (If applicable - Dues + Liability) \$ _____

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

MC/VISA/Discover (# of Payments not to exceed 5) \$ _____

Liability Insurance (Add \$35* to your 1st payment)

Amount of First Payment (Add \$35* for Liability) \$ _____

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

TOTAL AMOUNT (If applicable - Dues + Liability) \$ _____

Card # _____

Name of Cardholder _____ Exp. Date _____

Cardholder must sign below

Billing Address _____

PAYING WITH PAYROLL DEDUCTION - Please read the back of this form before applying for payroll deduction. You must complete and sign the Payroll Deduction Authorization Form on the back of this page. Payroll deduction will automatically renew each school year without any written notice to you from FCSTAT. To discontinue payroll deduction, you must provide notification to your school district's payroll department.

Family and Consumer Sciences Teachers Association of Texas

Please sign and return form to:

5524 Bee Caves Road, Suite H-1 • West Lake Hills, Texas 78746-5246 • 512-794-8370 • 1-888-327-8281 • FAX: 512-669-5037 • E-Mail: fcstat@fcstat.org • 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 \$26.00 ; State Taxes and Fees (5.00 %) \$1.30; Association's Administrative Fees \$7.70; TOTAL \$35.00