



FAMILY AND CONSUMER SCIENCES TEACHERS ASSOCIATION OF TEXAS

2022-2023 MEMBERSHIP APPLICATION

5524 Bee Caves Road, H-1 | West Lake Hills, TX 78746 | 512-794-8370 | Fax 512-669-5037 | www.FCSTAT.org

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Personal Contact Phone: _____

Home County: _____ Date of Birth: _____

Personal Email Address: _____

I'm an Active FCS Teacher | I am a Retired Teacher

If you're an Active or Associate Member, how many TOTAL years of Teaching or Tenure do you have as of May 31, 2022? _____ (This includes all your teaching jobs including outside of Texas.)

SCHOOL DISTRICT INFORMATION

CURRENT DISTRICT ISD: _____

FCSTAT District #: _____ SCHOOL Region #: _____
This is your Education Service Center Please consult the Region map

Address: _____

City: _____ State: _____ Zip Code: _____

Current Campus' Name: _____

Campus E-Mail: _____

School Phone: _____ School Fax: _____

PAYMENT INFORMATION

Check | Credit | Cash | Payroll Deduction

Billing Amount: \$ _____ Check #: _____ CC-CVC #: _____

Name on Card: _____

CC #: _____ Exp Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

MEMEBERSHIP CATEGORIES AND DUES

I am joining as a: NEW MEMBER | RENEWAL

* Please check the membership level you are interested in.

- | | |
|---|--------------------------|
| <input type="checkbox"/> ACTIVE MEMBER | Annual dues are \$175.00 |
| <input type="checkbox"/> ASSOCIATE MEMBER | Annual dues are \$75.00 |
| <input type="checkbox"/> RETIRED MEMBER | Annual dues are \$25.00 |

* Your membership (in all categories) begins with the date of receipt of your payment and expires on August 15, 2023.

TOTAL: \$ _____

PROFESSIONAL LIABILITY INSURANCE

You must be an active FCSTAT member to purchase professional liability insurance. Your policy begins with the date of receipt of your payment and expires on August 15, 2023.

Yes, I want to purchase liability insurance for an additional \$35.00. Want to learn more about the policy? Visit our website at www.FCSTAT.org to download a copy of the summary.

TOTAL: \$ _____

SCHOLARSHIP DONATIONS

Yes, I would like to donate towards the scholarship(s) below in the amount of:

- | | |
|--|----------|
| <input type="checkbox"/> FCSTAT | \$ _____ |
| <input type="checkbox"/> JUDITH HETHERLY | \$ _____ |
| <input type="checkbox"/> ELIZABETH SMITH | \$ _____ |
| <input type="checkbox"/> GAY NELL MCGINNIS | \$ _____ |
| <input type="checkbox"/> RUTH HUEY | \$ _____ |

Thank you for supporting the FCSTAT scholarship programs.

TOTAL: \$ _____

MEMBERSHIP TOTAL: \$ _____

INSURANCE TOTAL: \$ _____

SCHOLARSHIP TOTAL: \$ _____

TOTAL DUE NOW: \$ _____

Methods of accepted payments include MC/VISA, Discover, AMEX and Payroll Deduction. If using Payroll, please call our office to set it up. You can also join FCSTAT as a member online at www.FCSTAT.org.