TEXAS ASSOCIATION FOR BILINGUAL EDUCATION

Membership Year: 2008-2009

Name of Local Affiliate: **LUBBOCK AREA ASSOCIATION FOR BILINGUAL ASSOCIATION**

PO BOX 556

LUBBOCK, TEXAS, 79408-0556

_____

Last Name First Middle

_____

Street Address

_____

City State Zip

_____

Home Phone Work Phone E-Mail address

_____

Position Held School District

MAIL MEMBERSHIP FORM WITH CHECK OR MONEY ORDER TO LOCAL AFFILIATE
LAABE c/o MARTHA HARRISON (TREASURER); PO BOX 556; LUBBOCK, TX 79408-0556

TYPE OF MEMEBERSHIP
(CHECK ONE)

		LAABE	TABE/STATE
_____	**$30 Regular**		
_____	**$20 Full Time Student**	_____	_____
_____	**$100 Patron**	_____	_____
_____	**$300 Lifetime Membership**	_____	_____
Grand Total			

FOR OFFICE USE ONLY

Check No: _____ Amount_____

Date: _____

Revised April 2008