



2001-2002

CHAPTER AFFILIATION FORM

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- In order to affiliate correctly, please fill out both pages and attach a complete student roster.
- All members pay all applicable state and national dues.
- TYPE OR PRINT clearly and firmly.
- See page 2 of this form to order publications at the time you submit your affiliation;
- Only this form will be accepted, not state delegation forms.

Chapters may affiliate at any time during the school year, however chapters that affiliate by October 26, 2001 will receive:

- Uninterrupted service
- Complimentary TSA promotional item :
- Gold Seal affiliation certificate
- Fall School Scene mailing

School: _____ My chapter is School (circle one): elementary middle high
School address: _____ E-mail address: _____
City, state, zip: _____ Chapter advisor(s): _____
Principal: _____
School phone: _____ Office/lab phone: _____
School fax: _____ Advisor's home phone: _____
Number of student members _____ New chapter? yes no

ROSTER

List the names of chapter officers below. Attach a complete roster of all student members, including all students in CAP chapters. There is a minimum requirement of ten members per chapter for a chapter to be in good standing.

1. President _____ 6. Sergeant-at-Arms _____
2. Vice President _____ 7. _____
3. Secretary _____ 8. _____
4. Treasurer _____ 9. _____
5. Reporter _____ 10. _____

DIRECTIONS FOR AFFILIATION

- Select CAP or INDIVIDUAL membership.** Individual chapters pay national and state dues (where applicable) for each student member.
CAP chapters pay a "flat fee" for national and state dues and may affiliate an unlimited number of student members. The CAP program is most cost effective for chapters with 40 or more members. Be sure to include dues for advisors and alumni. Please attach names and addresses of alumni/associate members.
- Calculate all relevant national and state dues.** Check the 2001-2002 Chapter Affiliation Booklet for your state dues and insert on page 2. Overpayment of less than \$25 will not be refunded.
- MAKE A COPY** of your completed forms for your chapter records.
- Submit the **completed original and payment** to Louisiana TSA and we will send copies of each page to The National TSA affiliation. Send to Mr. Otha Harris P.O. Box 348 Plattenville, LA 70393.

Select affiliation program on page 2 and complete payment information

School Name: _____ Advisor: _____

TOTAL CHAPTER DUES \$_____

Signature as it appears on card: _____