

**TEXAS COUNCIL OF SCHOOL ATTORNEYS
2011-12 Application for Membership**

NAME _____
FIRM _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FAX _____
E-MAIL * _____

**Required for MyTASB access to newsletter, Legal Research Library, and CSA List Serv.*

I do do not want to participate in the Texas Council of School Attorneys (CSA) List Serv.

Web address of your professional bio _____

**To be included in the CSA roster for school officials.*

To be a CSA member, you must (1) pay dues; (2) represent a Texas Association of School Boards (TASB) member; and (3) avoid representing a party whose interests are adverse to a Texas public school district.

Representation of TASB Member

I represent the following Texas school district(s), including boards of education of independent or common school districts, county boards of education, boards of public community colleges, and regional education service center (ESC) boards within the State of Texas:

Avoiding Representations Against Texas School Districts

For each representation in which I served as legal counsel to any person or entity in asserting a legal demand, claim or defense ***against*** a Texas school district in the last twelve months, I provide the following information:

- My client: _____
- The school district: _____
- The school district's attorney: _____
- Issues: _____
- If at the local level only: date(s) of demand letter(s), local hearing(s): _____
- Cause number(s) of administrative or judicial case(s): _____
- Date the matter was concluded: _____ Still pending: _____

Attach additional sheets as necessary.

Date

Signature

2011-12 CSA Membership Dues

*Texas CSA dues \$150
NSBA COSA dues \$195
NSBA COSA In-House dues \$125*

Total CSA Dues _____ \$345
Total Dues for In-House Counsel _____ \$275

Total Payment \$ _____
Due July 1, 2011

Please return this form along with your check and membership application to:

TASB, Inc.
P.O. Box 975112
Dallas, TX 75397-5112

You may remit by credit card: (please circle one)
Visa / Mastercard / American Express
Please fax credit card payments to 512.467.3515
Card # _____ CVV _____
Exp Date: _____ Phone # _____
Signature: _____
Cardholder's Name: _____
Billing Address: _____
E-Mail Address for Confirmation: _____