

**TEXAS COUNCIL OF SCHOOL ATTORNEYS
2021-22 Application for Membership**

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

**Required for myTASB access to newsletter, Legal Research Library, and CSA E-Mail Updates.*

I do do not want to receive in the Texas Council of School Attorneys (CSA) E-Mail Updates.

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 (Required)

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, open enrollment charter schools, or 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

2021-22 CSA Membership Dues Include

- 1) Texas CSA dues \$150; and
- 2a) NSBA COSA dues \$270 or
- 2b) NSBA COSA In-House dues \$200

Total CSA Dues _____ \$420
 Total Dues for In-House Counsel _____ \$350

Total Payment \$ _____
Due July 1, 2021

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: _____
 City: _____, TX Zip Code: _____
 E-Mail Address for Confirmation: _____