

TEXAS COUNCIL OF SCHOOL ATTORNEYS
2022-23 Application for Membership

NAME _____
FIRM _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____
EMAIL * _____

**Required for myTASB access to newsletter, Legal Research Library, and CSA Email Updates.*

I do do not want to receive in the Texas Council of School Attorneys (CSA) Email 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 <i>against</i> a Texas school district in the last twelve months, I provide the following information: <ul style="list-style-type: none">• 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

2022-23 CSA Membership Dues Include

- 1) Texas CSA dues only; or _____ \$150
- 2a) Texas CSA and national COSA dues _____ \$420
- 2b) Texas CSA and National COSA In-House Counsel dues _____ \$350

Total Payment \$ _____
Due July 1, 2022

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: _____

Email Address for Receipt: _____