Scan the QR code to join online!

TEXAS FACULTY ASSOCIATION

Affiliated with TSTA/NEA

8716 N. Mopac Expressway, Austin TX 78759 • 877-275-8782 • TFA@tsta.org

2026-2027 MEMBER ENROLLMENT FORM

Name _____ Academic Field or Program _____

Mailing Address _____ City _____ State _____ Zip _____

Institution _____ Location or Campus _____

Office Phone _____ Home Phone _____

Last 4 of SSN *(for identification purposes only)* _____ Personal E-Mail Address _____

MEMBERSHIP CATEGORIES *(Check one.)*

☐ First-Time Member Full-time Faculty or Professional Staff ($488.00)
☐ Full-time Faculty or Professional Staff ($673.00)
☐ Full-time Classified Staff ($364.50)
☐ Part-time Faculty ($348.00)
☐ Part-time Professional Staff ($348.00)
☐ Part-time Classified Staff Graduate Student Workers ($185.75)

Signature:_____ Date:_____

PAYMENT OPTIONS *(Please check one of the following categories)*

___ **Automatic Bank Draft:** By checking this, I hereby authorize TSTA to begin deductions from my bank account. I understand that this authorization will remain in effect for the 2026-2027 school year and future school years until revoked by me in writing to TSTA by email to **membershiprecords@tsta.org** or **by fax at 512-486-7052** at least 10 business days before the next deduction. If any increase in amount will occur, I will receive at least a 10 calendar day notice.

I understand that my dues will be divided into 10 equal installments and drafted from my bank account on the 10th of the month or the following business day if the date falls on a weekend or holiday from October to July of each year of my membership.

Bank Name:_____ ☐Checking ☐Savings

Bank Routing No. (9 digits): _____Bank Account No._____

___**Check or Money Order** *(made payable to the Texas Faculty Association)*

___**Credit Card/Payment in Full**

Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover Credit Card No.:_____

Expiration Date:_____Cardholder's Name: _____

___**Credit Card/Payment in Installments:** By checking this option, I hereby authorize TSTA to begin deductions from my credit card. I understand that this authorization will remain in effect for the 2026-2027 school year and future school years until revoked by me in writing to TSTA by email to **membershiprecords@tsta.org** or **by fax at 512-486-7052** at least 10 business days before the next deduction. If any increase in amount will occur, I will receive at least a 10 calendar day notice.

I understand that my dues will be divided into 11 equal installments and drafted from my credit card on the 2nd of the month or the following business day if the date falls on a weekend or holiday from September to July of each year of my membership.

Card Type: ☐Visa ☐Mastercard ☐American Express ☐Discover Credit Card No.:_____

Expiration Date:_____Cardholder's Name:_____

Membership is open only to those who agree to subscribe to the goals and objectives of the Association and to abide by its constitution and bylaws.

Dues payments are not deductible as charitable contributions for federal income tax purposes.

By providing my phone number, I understand that the National Education Association and its affiliates, including the Texas State Teachers Association, the local association, NEA Member Benefits and NEA360, may use automated calling techniques and/or text message me on my cellular phone on a periodic basis. The National Education Association, the Texas State Teachers Association and the local association will never charge for text message alerts. Carrier message and data rates may apply to such alerts.

Employment Defense: In general, in order to be considered for legal services for job protection, membership is required for at least 30 days before the member knew or should have known of the events or occurrences leading up to the action complained about. Pre-existing conditions will not be pursued, except by discretion of TSTA.

I UNDERSTAND THAT THIS AGREEMENT IS VOLUNTARY AND IS NOT A CONDITION OF EMPLOYMENT AND THAT I HAVE THE LEGAL RIGHT TO REFUSE TO SIGN THIS AGREEMENT WITHOUT SUFFERING ANY REPRISAL.

Demographic Data (confidential/optional)

☐ American Indian/Alaska Native	☐ Caucasian (not of Spanish Origin)	☐ Unknown	☐ Male	☐ Transgender Male
☐ Black	☐ Asian	☐ Multi-ethnic	☐ Female	☐ Gender Expansive/Non-Conforming
☐ Hispanic	☐ Native Hawaiian/Pacific Islander	☐ Other_____	☐ Transgender Female	☐ Other_____

Please remit to: TFA Membership Processing • 8716 N Mopac Expressway • Austin TX 78759 or fax to 512-486-7052
For more information: Email TFA@tsta.org, call 877-275-8782 (512-476-5355 in Austin), or visit www.texasfacultyassociation.org

Retired or thinking of retiring? Scan the QR code above to join TSTA-Retired!