

TEEA Membership List – County Form

District: _____ County: _____ Total Members _____ Date: _____

County Association Chair: **Print or type** information below. Make **one** list of all members per county. **Alphabetize** by last name. **Check New** if a new member. **Check Emeritus** if an Emeritus member and **Check the Messenger Paid** if a Messenger subscription has been purchased. Send **four** copies along with the dues to **District Director** by **October 15**. Use only this form anytime you send in dues. Keep original for county records.

New	Emeritus	Name (last name, first name)	Complete address	Phone Number	Email	Messenger Paid
1 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
6 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
7 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
8 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
9 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
10 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
11 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
12 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
13 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
14 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
15 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
16 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
17 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
18 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
19 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
20 <input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>