



Texas Choral Directors Association

Membership & Convention Registration Form 2019

Return form with payment to: TCDA * 7900 Centre Park Dr., Ste A,
Austin, TX 78754 * Phone: 512-474-2801 * Fax 512-474-7873

www.tcda.net

tcda@tcda.net

Check if applicable:

- First Year Teacher
 New TCDA Member
 Opt out vendor e-mail

MEMBERSHIP OPTIONS:

	TCDA	ACDA
Active	\$50.00 _____	\$125.00 _____
Associate	\$50.00 _____	\$45.00 _____
Retired	\$25.00 _____	\$45.00 _____
Student	\$20.00 _____	\$35.00 _____

Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Home or Cell _____
 E-mail _____ Alternate E-Mail _____

Employer _____
 Title _____
 Work Address _____
 City _____ State _____ Zip _____
 FAX _____

Preferred Mailing Address: Home _____ Work _____
 Employment: Church/Synagogue Elem JH/MS HS College Admn Comm Private

Please consider a donation to a TCDA Scholarship (minimum gift \$5.00). Designations below:

AMOUNT:

TCDA General Scholarship	_____	In Memory/Honor of	_____
Past Presidents Scholarship	_____	Jackie Cocke Scholarship	_____
Jim & Glenda Casey Scholarship	_____	Mary Ann & Art Winden Endowed Scholarship	_____
Cloys Webb Scholarship	_____	Donald Bailey Endowed Scholarship	_____
William Gorham Scholarship	_____	James E Matheny Endowed Scholarship	_____

Convention Registration** (**Convention pre-registration ends July 1. \$65 for first year teachers; \$75 on-site Proof of eligibility required.)

	Pre-Reg (thru July 1)	On-Site
Active, Associate	\$130	\$150 _____
Retired	\$ 40	\$ 40 _____
Student	\$ 25	\$ 25 _____
Out-of-State	\$130	\$150 _____

- Check if applicable:**
- Request a Mentor
 Would like to be a Mentor
 Would like to be considered as an Accompanist for 2020
 First Convention
 (Day Care Complimentary for 12 and younger)

Optional Events/Items

Family/Guest Badge @ \$15 per person; 18+ yr = _____
 New Teacher Academy (pre-reg only) \$40 (includes lunch) _____

Badge Name: _____
 Guest Name(s): _____

GRAND TOTAL OF ALL ITEMS:

SCHOOL CONTACT INFORMATION
 If you are completing this form on behalf of a TCDA member, please provide the following:

Your Name: _____
 Email: _____
 Phone: _____
 **Attach Authorized PO

Credit Card (present credit card at the registration desk with this form)
 Check (payable to TCDA)
 Cash

Signature: _____

FOR OFFICE USE ONLY

Amount Received \$ _____ Date Received _____ Method of Payment: _____
 Clerk Initial _____ Check # _____ Credit Card _____ Cash _____

In 2019, High School Day will be offered in multiple locations **outside** of convention. Dates to be determined. See the TCDA website for more information, www.tcda.net