



# APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_ (Home/Work/Cell)  
(Please circle one)

Alternate Telephone Number: \_\_\_\_\_ (Home/Work/Cell)  
(Please circle one)

Preferred email address: \_\_\_\_\_  
(Please don't forget to sign up for email updates at [www.toea.org](http://www.toea.org))

Membership Level:  Student (\$10 per year)  
 Educator (\$20 per year)

Please provide information on your university, level or areas of education being taught, administrative level or interest in outdoor education so we can better serve you:

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Mail Dues and Application to:

Sally McAfee  
Vice President for Membership  
192 Ward Ln  
Trinity, TX 75862