

**APPLICATION
2019-2021 ALPHA STATE, TEXAS, STATE PERSONNEL**

Name: (Dr./Mrs./Miss/Ms.) _____

Address: _____

City/State/Zip: _____

Home Phone: _____ - _____ - _____ **Cell:** _____ - _____ - _____

Home Email: _____

Chapter: _____ **Area** _____ **Birthday** ____/____

Current Professional Position: (If retired, give date and last professional position.)

Please complete the following as applicable to you (some may be left blank):

Involvement in Texas State Organization (as applicable) **Year(s)**

Chapter President of _____

TSO Leadership Seminar Participant _____ **Leadership/Management Seminar** _____

Chapter State (check) **Achievement Award Recipient** _____
Committee(s) Service to TSO (as applicable)

_____	(Check below, if applicable.)
_____	Chairman Member
_____	Chairman Member
_____	Chairman Member
_____	Chairman Member

Attendance at Society meetings: (Check all that apply.)

Area Workshops State Conventions Regional Conferences International Conventions

Indicate interest in serving the Texas State Organization as:

Area Coordinator of Area

1st Committee _____ Chairman Member

2nd Committee _____ Chairman Member

3rd Committee _____ Chairman Member

I will will not (check one) be willing to accept a different appointment.

Mail Form to: Texas State Organization
PO Box 797787
Dallas, TX 75379-7787

POSTMARK DEADLINE: February 1, 2019