



2013-2014 UTAAA Membership Application

Member Information

Name: _____

Department: _____

Box: _____ Extension: _____

Email: _____

Instructions for Payment

2013-2014 Dues: \$10.00

Individual Payment

Complete this membership form and turn it in along with a check made payable to “UTAAA” at the next meeting. Alternatively you may send your form and payment by mail to the address below.

Teaira Little
College of Education and Health Professions
510 Carlisle Hall
Box 19026
Arlington, TX 76019

Department Payment

The following procedure must be followed in order for dues to be paid to UTAAA by Department:

1. Complete this membership form.
2. Take the completed form to your administrative/departmental secretary to complete a VP2 for payment of dues. The secretary will receive a document ID #.
 - a. UTAAA Vendor ID # is 17529459574.
 - b. Benefit Statement: The purpose of UTAAA membership is to share ideas and exchange information related to the delivery of advising services, to provide members with opportunities for professional development and peer support, and to build a network of resources to enhance student success.
3. Please ask your secretary to send this membership form with the document ID # to Teaira Little at the address above.
4. You must also send a copy of this membership form to Accounts Payable at Box 19135 for check issuance.

Document ID #: _____