

**TEXAS COUNCIL OF SCHOOL ATTORNEYS  
2023-24 Application for Membership**

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
E-MAIL \* \_\_\_\_\_

*\*Required for TASB Login access to newsletter, Legal Research Library, and CSA E-Mail Updates.*

I  do  do not want to receive Texas Council of School Attorneys (CSA) E-Mail Updates.

Web address of your professional bio \_\_\_\_\_

*\*To be included in the CSA roster for school officials*

To be a CSA member, you must (1) pay dues; (2) represent a Texas Association of School Boards (TASB) member; and (3) avoid representing a party whose interests are adverse to a Texas public school district.

**Representation of TASB Member (Required by CSA Bylaws)**

*I represent the following Texas school district(s), including boards of education of independent or common school districts, county boards of education, boards of public community colleges, open enrollment charter schools, or regional education service center (ESC) boards within the State of Texas:*

**Avoiding Representations Against Texas School Districts**

For each representation in which I served as legal counsel to any person or entity in asserting a legal demand, claim or defense against a Texas school district in the last twelve months, I provide the following information:

- My client: \_\_\_\_\_
- The school district: \_\_\_\_\_
- The school district's attorney: \_\_\_\_\_
- Issues: \_\_\_\_\_
- If at the local level only: date(s) of demand letter(s), local hearing(s): \_\_\_\_\_
- Cause number(s) of administrative or judicial case(s): \_\_\_\_\_
- Date the matter was concluded: \_\_\_\_\_ Still pending: \_\_\_\_\_

Attach additional sheets as necessary.

**I understand that if I cease to meet the obligations in the CSA bylaws, my membership will be revoked and dues will not be prorated.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

**2023-24 Texas CSA Membership Dues**

**Total Payment**

**\_\_\_\_\_ \$175**

***Due July 1, 2023***

**Please return this form along with your check and invoice to:**

TASB, Inc.  
P.O. Box 975112  
Dallas, TX 75397-5112

You may remit by credit card: (please circle one)

Visa / Mastercard / American Express

**Please fax credit card payments to 512.467.3515**

Card # \_\_\_\_\_ CVV# \_\_\_\_\_

Exp Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_, TX Zip Code: \_\_\_\_\_

E-Mail Address for Receipt: \_\_\_\_\_