



TEDA/HOUSTON Membership Application

Name: _____

Title: _____

Department: _____

Organization: _____

Street/Bldg./Suite (1): _____

Street/Bldg./Suite (2): _____

City/State/Postal Code: _____

Country: _____

Office Phone: _____

Office Fax: _____

E-mail: _____

Home Phone (Not for Publication): _____

Enclosed is my check for \$55 annual dues (\$27.50 for students---please send photocopy of ID),
check made payable to:

TEDA/Houston

1200 Smith, Suite 700
Houston TX 77002-4309

Your job description (50 words or less) :

How did you learn about TEDA/Houston?

Please indicate any areas in which you're interested in volunteering:
