



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Home Phone (Not for Publication): _____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
c/o Rice University-MS 202
PO Box 1892
Houston TX 77251-1892

Your job description:

How did you learn about TEDA/Houston?
