## 2016 Membership Form

The Extension and Research Support Staff Association

Please make copies for any support staff who did not receive this information!

<table>
<thead>
<tr>
<th>Name:</th>
<th>__________________________</th>
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<tbody>
<tr>
<td>Title:</td>
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<tr>
<th>Office Address:</th>
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<td>Email Address:</td>
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<th>Office Phone:</th>
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<tr>
<td>Office Fax:</td>
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Name of University, Organization or Institution:

Support Staff Association's Name (if available):

Number of Years in Association:

Leadership Roles Held:

Complete all that apply:

- Extension
- Research
- Parish
- County
- Area
- District
- Region
- State
- Campus

Check Membership Type:

- New: $10
- Renewal: $10
- Retiree: $10

Signature: __________________________

Date: __________________________

I have read the TERSSA Bylaws and Standard Operating Procedures on the TERSSA website: terssa2008.wix.com/terssa (under Membership/Bylaws)

Make check payable to: **TERSSA (The Extension and Research Support Staff Association)**

Write on the back of your check **For Deposit Only.**

Mail payment and form by **May 31th, 2016** to:

**Glenda Jenkins**

**P O Box 59**

**Carrollton, MS 38917**

Membership year runs from **January 1st to December 31st.**