Texas Regional Education Applicant Placement Program

Membership Form

Please complete all information requested and fax to TASA.

A. School District *(up to 50 characters)*

B. Contact Information

What is the preferred method by which REAP personnel should contact your personnel office to acknowledge changes and/or to solve problems? (Please check one.) __ E-Mail __ U.S. Mail __ Telephone __ Fax

Attention Name *(up to 50 characters)*

Street Address *(number and name; up to 50 characters)*

City, State, and Zip *(up to 50 characters)*

Phone Number *(area code, number, extension)*

Telephone Contact Name

This may be different from Attention Name. This should be an individual, such as a personnel officer, who would be able to answer questions from REAP personnel if any problems or questions arise (up to 50 characters).

Fax Number *(area code, number, extension)*

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E-Mail Address

This should be the e-mail address of an individual in your personnel office (up to 50 characters).

C. Applicant Contact

Please indicate the phone number applicants should call to contact your personnel office (area code, number, extension).

D. Authorization

Person authorized to change password

Title *(up to 5 characters; e.g., Dr, Mr, Ms, Miss, etc.)*

First Name *(up to 15 characters)*

Last name *(up to 18 characters)*

Initial Password *(see rules for designing password, below)*

- Password must be 8 characters long
- Letters and/or numbers may be used; no punctuation marks
- Make all letters uppercase
- No internal blanks
- Keep password confidential

E. District Web Address

The REAP Web site will allow applicants to link to the home page of each school district. To do this, we need the address of your district's home page. Please print clearly.

http://_____

Valuation	Number of Schools	Number of Students
Elementary	_____	_____
Middle School	_____	_____
High School	_____	_____
Special School	_____	_____
Total	_____	_____

Comments

If you have additional questions, comments, or concerns, please feel free to enter them below.

Fax completed form to TASA, 512-482-8658