# TMEA Membership Year: July 1, 2025-June 30, 2026

**INVOICE NO.:** 25-#### [mem. ID]

Include invoice no.

25 -

on the check stub.

TMEA Member ID

**First Name** 

**Last Name** 

**NOTE!** In addition to submitting this form, visit my.tmea.org/update to verify and update your:

- Mailing Address
   School Name and District
- TMEA Region Other TMEA Divisions that apply
- Privacy Settings & inclusion in the Directory

**Learn about the TMEA Mentoring Network:** Go to www.tmea.org/mentor

**Texas Music Educators Association** P.O. Box 140465 Austin, TX 78714-0465

FEIN: 75-1039291

888-318-8632

**Preferred Email Address** 

School District School

Primary TMEA Division (check only one): Orchestra Elementary Rand Vocal College

**Race/Ethnicity** (Optional—check all applicable identifiers): Gender (Optional):

American Indian or Alaska Native Native Hawaiian or other Pacific Islander Female Asian Middle Eastern or North African Male Black or African American White Non-Binary

Hispanic, Latino, or Spanish Some other race/ethnicity: Other:

## Member Dues

If teaching/conducting 20 hours or more per week, you must be an Active member, even if pursuing an advanced degree.

Retired: \$20 Active: \$65

College Student: \$30

Going to the convention? Even though there is no fee for College Student members, check the box below to register.

**Liability Insurance** 

TMEA membership required. Provided by the John A. Barclay Agency, Inc. Liability Insurance: \$30

Policy: 08/21/25-08/20/2026

Liability Policy

Dues

# Convention Registration

February 11–14, 2026, in San Antonio Rates increase after January 22, 2026 Active: \$70\* Retired: \$20\* ··· College Student: \$0\* Out of State: \$145

\*Membership required

Registration

## **Optional Addons**

Check

Family Badges: Only for family members who are not also music educators. Free for ages 11 and under [provided onsite].

**TI:ME Technology Preconference:** 

Feb. 11.: Full day of music education technology clinics.

•••••• Check the items you are purchasing and enter the addon total due:

count

Family Badges: \$15 ×

Technology Preconference: \$50

Clinic Audio Files: \$20

Addons total

# TMEA Scholarship Donation

TMEA awards scholarships to Texas students pursuing degrees in music or music education. Your donation supports the future of music education. To donate online, go to www.tmea.org/donate.

Scholarship donation

TOTAL DUE Purchase Order

Authorized PO must be attached; PO must be paid in full Check Number by 1/22/26 for early convention rate.

## **Membership Quick Facts:**

#### **BY JANUARY 22:**

Final date we accept a PO.

Mail form and check to: Texas Music Educators Assn ATTN: Membership P.O. Box 140465 Austin. TX 78714-0465

Or email form with PO to: susand@tmea.org

Payments are processed within 10 business days of TMEA's receipt of this form and payment.

> For faster processing, renew online at www.tmea.org/renew.

Print your membership card and receipt at:

> www.tmea.org/ membercard

Liability Insurance Policy Dates: 8/21/25-8/20/26. You must teach in Texas to purchase.

CPE is available only to Active members and Out of State convention attendees.

\$8.00 of membership dues (other than college student) covers a SOUTHWESTERN MUSICIAN subscription. The remaining amount is deductible for tax purposes as a business expense. Dues are not deductible as a charitable contribution.

Form W-9
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

| Befor  | re you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.  |                           |                |                           |                             |  |                 |                |           |  |  |
|--|---|---------------------------|----------------|---------------------------|-----------------------------|--|-----------------|----------------|-----------|--|--|
|  | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)   |                           |                |                           |                             |  |                 |                |           |  |  |
|  | Texas Music Educators Association   |                           |                |                           |                             |  |                 |                |           |  |  |
| Print or type. See Specific Instructions on page 3.  | 2 Business name/disregarded entity name, if different from above.   |                           |                |                           |                             |  |                 |                |           |  |  |
|  | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.    Individual/sole proprietor  |                           |                |                           |                             | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)  (Applies to accounts maintained) |                 |                |           |  |  |
|  | and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries, See instructions   |                           |                |                           | outside the United States.) |  |                 |                |           |  |  |
|  | 5 Address (number, street, and apt. or suite no.). See instructions.  | Requester's name a        |                |                           | e and address (optional)    |  |                 |                |           |  |  |
|  | 7900 Centre Park Dr OR PO Box 140465  |                           |                |                           |                             |  |                 |                |           |  |  |
|  | 6 City, state, and ZIP code   |                           |                |                           |                             |  |                 |                |           |  |  |
|  | Austin, TX 78754-5162 OR Austin, TX 78714-0465  |                           |                |                           |                             |  |                 |                |           |  |  |
|  | 7 List account number(s) here (optional)  |                           |                |                           |                             |  |                 |                |           |  |  |
| Pai  | rt I Taxpayer Identification Number (TIN)   |                           |                |                           |                             |  |                 |                |           |  |  |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid   |   |                           |                | ocial security number     |                             |  |                 |                |           |  |  |
| backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other |   |                           |                |                           |                             | -  |                 |                |           |  |  |
|  |   |                           |                |                           |                             | ]  |                 |                | _         |  |  |
| TIN, later.  |   |                           |                |                           |                             | <del></del>  |                 |                | 71        |  |  |
|  |   |                           |                | ver identification number |                             |  |                 |                |           |  |  |
| <b>Note:</b> If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.                         |   |                           | 5              | - 1                       | 0 3                         | 9  | 2               | 9 1            |           |  |  |
| Par  | rt II Certification   |                           |                |                           |                             |  |                 |                |           |  |  |
| Unde   | er penalties of perjury, I certify that:  |                           |                |                           |                             |  |                 |                |           |  |  |
| 1. Th  | e number shown on this form is my correct taxpayer identification number (or I am waiting for a   | number to                 | be is          | ssued t                   | o me); a                    | ind  |                 |                |           |  |  |
| Se   | m not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or longer subject to backup withholding; and | have not be<br>dividends, | een r<br>or (d | notified<br>c) the IF     | by the<br>२S has।           | Interi<br>10tifie  | nal Re<br>ed me | evenue<br>that | e<br>I am |  |  |
|  | m a U.S. citizen or other U.S. person (defined below); and  |                           |                |                           |                             |  |                 |                |           |  |  |
| 4 Th   | ie FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting   | is correct.               |                |                           |                             |  |                 |                |           |  |  |

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**General Instructions** 

U.S. person

Section references are to the Internal Revenue Code unless otherwise

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

Date 01-07-2025

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they