



**(Technology Education Collegiate Association)  
2009-2010 Affiliation Form**

**Fill in the form in Microsoft Word, return by e-mail (preferred) or fax**

**College/University:**

**Date:**

**Department/Program Name:**

**Mailing Address of Advisor: Street Address:**

**Address 2:**

**City:**

**State/Zip:**

**Advisor:**

**Co-Advisor(s):**

**Advisor E-mail:**

**Co-Advisor(s) E-mail:**

**Advisor Phone #:**

**Co-Advisor(s) Phone #s:**

**Name of Club/Chapter/Organization:**

**President:**

**Vice-President:**

**E-mail:**

**E-mail:**

**Secretary:**

**Treasurer:**

**E-mail:**

**E-mail:**

**Reporter:**

**Other( )::**

**E-mail:**

**E-mail:**

**Approximate number of Technology Education majors at your university:**

**Approximate number of TECA Members at your university:**

**Regional Participation: (check one)** Eastern  Midwest  West  Southwest

**Estimated number of your students participating in regional:**

**EMAIL/FAX TO:**

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**EMAIL ////////// or FAX ////////// EMAIL**