



Brownsville Independent School District

Agenda Category: General Function

Board of Education Meeting: 06/24/2026

Item Title: District Membership Fees
2026-2027 School Year

X Action
Information
Discussion

BACKGROUND:

The administration is recommending the renewal of the following Membership Fees for the 2026-2027 school year:

- \$ 9,500.00 Equity Center Membership Fees
- \$13,000.00 South Texas Association of Schools Membership Fees based on 2026-2027 Average Daily Attendance (ADA).
- \$11,000.00 TASB Membership Fees
- \$ 500.00 TASB Legal Assistance Fund. Membership Fee in the Fund is based on District ADA.
- \$30,000.00 Region One Education Center
- \$ 5,500.00 Brownsville Chamber of Commerce

FISCAL IMPLICATIONS:

\$69,500.00 Local Maintenance Budgeted Funds

RECOMMENDATION:

Recommend approval to renew annual 2026-2027 District Membership Fees: Equity Center, \$9,500.00, South Texas Association of Schools (STAS) \$13,000.00, Texas Association of School Boards (TASB) \$11,000.00, TASB Legal Assistant Fund \$500.00, Region One Education Center \$30,000.00, and the Brownsville Chamber of Commerce \$5,500.00 for an approximate amount of \$69,500.00.

Approved for Submission to Board of Education:

Dr. Alda T. Benavides
Prepared by: Interim Superintendent

Dr. Alda T. Benavides
Recommended by: Interim Superintendent

Dr. Alda T. Benavides
Approved by: Interim Superintendent

Dr. Alda T. Benavides
Interim Superintendent



The Brownsville ISD wishes to be a member of the Equity Center for 2025-26, at the membership fee listed below:

2025-26 Membership Fee \$ 9500

Membership fees are 77¢ per 2025-26 WADA. If the membership fee we have calculated is higher than your membership fee would be using your WADA estimate for 2025-26, please feel free to submit the WADA estimate you used and lower your district's membership fee to the correct amount. Under IRS guidelines we are required to inform you that membership dues are not deductible for federal income tax.

We are joining!

Our check is enclosed.

Please count us as members now and bill accounts payable.

Now

September 1

October 1

November 1

Jesús H. Chávez Superintendent 7/22/25
AUTHORIZED SIGNATURE POSITION DATE

[Please email this form to info@equitycenter.org.](mailto:info@equitycenter.org)

The Equity Center diligently pursues equity and adequacy in funding for Texas public schools. Our efforts have resulted in billions of dollars in additional state revenue for our member school districts.

Your membership is essential to our effectiveness in representing your interests.

31901-2526

PLEASE SEND PAYMENT HERE:
400 W. 15th St., Suite 300, Austin, Texas 78701



DUPLICATE

Superintendent's Office

Brownsville ISD
 1900 Price Road
 Brownsville, TX 78521

Invoice

Number 683286
 Invoice date 11/1/2025
 Page 1 of 1
 Date and time 10/10/2025 11:16 AM
 Sales order TASB-126978
 Requisition
 Your reference
 Our reference Michael Pennant
 Payment Net 30 Days
 Invoice account 031901
 Payment reference
 Due date 1/31/2026

Item number	Item description	External reference	Quantity	Unit	Unit price	Discount dollars	Amount
TASB01	TASB Membership 2026		1.00	YR	0.00	0.00	11,000.00
<p>The 2026 TASB Membership fee for school districts is based on the audited 2023-24 operating budget (All Funds), less debt service and capital outlay (provided by TEA) multiplied by a factor of 0.0002 (\$800 minimum, \$11,000 maximum). If your district serves as a fiscal agent for a shared services arrangement, subtract the 2023-24 shared services arrangement's budget and recalculate the fee on the invoice below. The budget figure used to calculate your district's fee is 547,692,221.00</p>							

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$11,000.00	0.00	0.00	11,000.00	0.00	\$11,000.00 USD

Due date 1/31/2026

Remittance Address:		TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer	031901
				Invoice	683286
				Balance due	\$11,000.00
To pay by credit card, complete the following information and send to our secure fax at (512) 467-3515					
Card Number		Exp Date		CVV#	
Cardholder Name		Phone #			
Billing Address, State, Zip					
Signature		Date			
Email Address for credit card receipt					

TASB Legal Assistance Fund
 12007 Research Blvd. | Austin, TX 78759
 (512) 467-0222 | www.tasb.org



RECEIVED

NOV 14 2025

Superintendent's Office

Brownsville ISD
 1900 Price Road
 Brownsville, TX 78521

Invoice

Number 604522
 Invoice date 11/1/2025
 Page 1 of 1
 Date and time 10/13/2025 1:43 PM
 Sales order LAF-006821
 Requisition
 Your reference
 Our reference Annette Moseley
 Payment Net 30 Days
 Invoice account 031901
 Payment reference
 Due date 1/31/2026

Item number	Item description	External reference	Quantity	Unit	Unit price	Discount dollars	Amount
LAF007	Legal Assistance Fund 2026 > 5,000 ADA		1.00	YR	0.00	0.00	500.00

The Legal Assistance Fund was established in 1980 and is administered by a board of trustees made up of officers of the Texas Association of School Boards, Texas Association of School Administrators, and the Texas Council of School Attorneys. The purpose of the Fund is to assist school districts in litigating issues that have a statewide impact on public schools. Membership fee in the Fund is based on district ADA.

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$500.00	0.00	0.00	500.00	0.00	\$500.00 USD

Due date 1/31/2026

Remittance Address:		LAF PO Box 975112 Dallas, TX 75397-5112		Customer	031901
				Invoice	604522
				Balance due	\$500.00
To pay by credit card, complete the following information and send to our secure fax at (512) 467-3515					
Card Number				Exp Date	CVV#
Cardholder Name				Phone #	
Billing Address, State, Zip					
Signature				Date	
Email Address for credit card receipt					

REGION ONE EDUCATION SERVICE CTR

1900 W SCHUNIOR, EDINBURG TX 78541
(956) 984-6000 FAX:

Invoice
184804

Customer Number: 000600
Customer P.O. Nbr: 454581
Reference: 25-26 ROESC Coop Fee
Requested By: Yadira Y. Ramos

Invoice Date:
Requested Date: 02-19-2026
Terms:
Note:

COPY

Bill To:

BROWNSVILLE ISD
ACCOUNTS PAYABLE
1900 PRICE ROAD
BROWNSVILLE, TX 78521-1900

Remittance Address:

REGION ONE EDUCATION SERVICE CTR
ATT: Accounts Receivable Business Office
1900 W SCHUNIOR
EDINBURG, TX 78541

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Quantity	Description	Unit Price	Amount
1.00	25-26 Region One ESC Cooperative Fees	\$29,944.44	\$29,944.44
		Balance Due:	\$29,944.44



Region One
EDUCATION SERVICE CENTER
"Students First"

QUOTE

Date: 9/18/2025

Customer ID: 000600

1900 W. Schunior
Edinburg, TX 78541
(956) 984-6000

Bill To: Brownsville ISD - 031901
Mary Garza
mdgarza@bisd.us

Requested By: Region One ESC
Rumalda Ruiz, Deputy Director
rruiz@esc1.net
(956) 984-6284

Description	ADA	Unit Price	Total
2025-2026 Region One ESC School Systems Cooperative	31,855.79	\$ 0.94	\$ 29,944.44

Grand Total: \$ 29,944.44

Thank you for your support!

Note: Please email PO to Yadira Ramos, yaramos@esc1.net



Invoice

Invoice Date: 4/1/2026
Invoice Number: 736599

Brownsville Chamber of Commerce
1600 University Blvd.
Brownsville, TX 78520

Brownsville Independent School District
Dr. Jesus H. Chavez
1900 Price Rd.
Brownsville, TX 78521-2495

This invoice is for your **April 2026 Membership Dues.**

Please note, we bill 90 days in advance in order to give our members enough time to plan their year. After every subsequent month, you will receive the invoice through email. Once 120 days have passed, your account is considered delinquent and will be inactivated.

Description	Quantity	Rate	Amount
Executive Membership	1	\$5,500.00	\$5,500.00
		Subtotal:	\$5,500.00
		Total:	\$5,500.00
		Payment/Credit Applied:	\$0.00
		Balance:	\$5,500.00

Please return this portion with your payment.

Member Name:
Brownsville Independent School District
Dr. Jesus H. Chavez
1900 Price Rd.
Brownsville, TX 78521-2495

Invoice #: 736599

Payment Amount: \$ _____

Payment Method: Check # _____ Credit Card

Make all checks payable to **Brownsville Chamber of Commerce** or enter credit card information below.

Enter Credit Card Billing Address (inc. zip code)

Address _____

City/State/Zip _____

Credit Card #: _____ Exp. Date: _____ CVV Code (3 digits on back of card) _____

Name on Card: _____ Signature: _____