

TACA MEMBERSHIP APPLICATION

Please copy, complete and return for each new member. If you have corrections to be made, please notate on invoice.

| Name: | | | |
|-------------------|------------------|-------|----------------|
| Las | st | First | Middle Initial |
| Title: | | | |
| Company: | | | |
| | | | |
| City, State, Zip: | | | |
| Office Phone: | | Fax: | |
| My email address | s is: | | |
| TACA Dues: | Affiliate Member | | \$150.00 |

Enclosed is my check for \$______for Annual Dues.

Make check payable to TAC and mail to:

Texas Association of Counties Attn: Education Department P.O. Box 2131 Austin, TX 78768-2131

Any questions please email: sec-treasurer@tacaoftexas.org