

TACA MEMBERSHIP APPLICATION

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

Name:			
L	ast	First M	liddle Initial
Title:			
County: –			
Mailing Address	<u> </u>		
City, State, Zip:_			
Office Phone: _		Fax:	
First Date in	Tax Office:		
My email addres	ss is:		
TACA Dues:	Active Member (Elected/Appointed	County Tax Assessor-Collector	s \$150.00
	Associate Member (Deputy Tax Assess		\$75.00
Enclose	d is my check for \$	for Annual Due	es.
	Make check payable	to TAC and mail to:	

TAC
Attn: Education Department
P.O. Box 2131
Austin, TX 78768-2131

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

o TACA is subject to Public Information Act requests.