TACA MEMBERSHIP APPLICATION

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

Name: _____
Last First Middle Initial

Title: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ Fax: _____

My email address 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

o TACA is subject to Public Information Act requests.