TACA MEMBERSHIP APPLICATION For TACA Use Only Amt

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

Pd. (Check One) $125 _____

$50 _____

NAME:_____

Last First Middle Initial

Title: _____

County: _____

Mailing Address:_____

City, State, Zip:_____

Office Phone:_____ Fax: _____

First Date in Tax Office:_____

My email address is:_____

TACA Dues:

Active Member $125.00
(Elected/Appointed County Tax Assessor-Collector)

Associate Member $50.00
(Deputy Tax Assessor-Collector)

Enclosed is my check for $_____for Annual Dues.

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