



**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 \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

My email address is: \_\_\_\_\_

TACA Dues: **Affiliate Member** \$125.00

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@tacaofexas.org](mailto:sec-treasurer@tacaofexas.org)