



TACA MEMBERSHIP APPLICATION FOR AFFILIATES

For TACA Use Only

Check No. _____

Membership Year _____

Amt Pd. _____

NAME: _____

Last

First

Middle Initial

Business Name: _____

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Office Phone: _____ FAX: _____

My email address is: _____

TACA Dues:

Affiliate Member: \$85.00

Tax Related Business;

Vendor;

Non-County Tax Office Employee

Enclosed is my check for \$ _____ for Annual Dues.

Make check payable to TAC and mail to:

TAC
Attention: Education Department
P O Box 2131
Austin, Texas 78768-2131

Any questions email:
randy.riggs@co.mclennan.tx.us