



TACA MEMBERSHIP APPLICATION

For TACA Use Only _____

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

Amt Pd. (Check One) \$85 _____
\$40 _____

NAME: _____
Last First Middle Initial

County Name: _____

Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ FAX: _____

Date First Sworn into Office: _____

My email address is: _____

TACA Dues: **Active Member** \$85.00
(circle one) (Elected/Appointed County Tax Assessor-Collector)
I DO _____ (Check one)
I DO NOT _____ Have a TACA membership pin

Associate Member \$40.00
(Deputy Tax Assessor-Collector)

Life Member \$0.00

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:
randy.riggs@co.mclennan.tx.us