Texas Association of County Auditors

Membership / Directory Change Form

Fill in all field(s) requesting change(s).

County:	CIO CPA
County Auditor:	Other (please specify):
Effective Date:	Date of Appointment: Birth Mo/Day:
Address:	City: Zip:
Phone Number: Fax Number:	E-Mail:

First Assistant:	Total Number of Assistants:
First Assistant E-Mail:	Additional Assistant:
Professional Memberships:	Additional Assistant:
Other (please specify):	Additional Assistant:

Program Access	Yes	No
Do you have Listserve/Mobilize Access:		
If so, remove previous Auditor/Assistant:		
Name: E-Mail:		
Do you have SmartSheets Access (Audit Guide):		
DiskStation Access (TACA document retention software for audit programs/bids/etc):		
Do you need to update your directory picture:		
(Please include your picture when submitting the form)		

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*Comments / Questions / Suggestions*_____

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To email the completed form, send to:
TXCOAuditors@gmail.com
LCaldera@bexar.org
Dori.Weaver@bexar.org