

TACA MEMBERSHIP APPLICATION

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

Name:	Last	First	Mid	dle Initial
,	Lasi	FIISU	iviid	ule IIIIIai
Title:				
County: -				
Mailing Address	S:			
City, State, Zip:				
Office Phone:		Fax:		
First Date i	n Tax Office:			
My email addre	ss is:			
TACA Dues:	Active Mer (Elected/Ap	mber opointed County Tax Ass	essor-Collector)	\$150.00
	Associate	Member		\$75.00
	(Deputy Ta	x Assessor-Collector)		
		such as membership due on hours is subject to Pul	· · ·	
Enclose	ed is my check f	or \$	for Annual Dues.	
	Make check	c payable to TAC and ma	il to:	
	F	TAC ducation Department P.O. Box 2131 n, TX 78768-2131		

Any questions please email: sec-treasurer@tacaoftexas.org

o TACA is subject to Public Information Act requests.