



## ASSOCIATE MEMBERSHIP APPLICATION

Company \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Website \_\_\_\_\_ Number of Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Principle Representative \_\_\_\_\_

Title \_\_\_\_\_ Alternate \_\_\_\_\_

**Associate Member Dues \$500.00** Dues renewal is based on anniversary date of joining

Dues include one meal at each regular monthly TACCA GSA meeting - additional meals will be billed at \$20.00 per meal

Return this completed form with payment to:

TACCA – Greater San Antonio Attn: Dawn Thompson, Executive Director

PO BOX 160218 San Antonio, TX 78280 Email: [dawn@taccagreatersanantonio.org](mailto:dawn@taccagreatersanantonio.org) Phone: (210)901-4222

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With approved membership in TACCA GSA - San Antonio

- I agree to abide by the TACCA GSA - San Antonio Bylaws and Anti-Trust Agreement
- I agree to abide by the TACCA GSA - San Antonio Code of Ethics
- I agree to remain current with my company's financial obligations to TACCA GSA - San Antonio

Signature \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zip \_\_\_\_\_

Sponsoring TACCA GSA - San Antonio Member \_\_\_\_\_ Date Approved \_\_\_\_\_