



ASSOCIATE MEMBERSHIP APPLICATION

Company _____

Company Address _____

City _____ State _____ Zip _____ - _____

Telephone () _____ Cell () _____ Primary Rep Email _____

Website _____ Number of Years in Business _____ Number of Employees _____

Principle Representative _____

Title _____ Alternate _____ Alternate Email _____

Associate Member Dues \$600.00 Dues renewal is based on anniversary date of joining
Dues include one meal at each regular TACCA GSA meeting - additional meals will be billed at \$30.00 per meal

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 _____

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 Phone: (210)901-4222

As a member, I agree to abide by the TACCA GSA Code of Ethics & have read the TACCA GSA Antitrust Policy:

Signature: _____ Date: _____