

TEXAS ANIMAL CONTROL ASSOCIATION
MEMBERSHIP APPLICATION

DATE _____ TDH REGION _____ NEW _____ RENEWAL _____

NAME _____ ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

EMPLOYMENT _____ TITLE _____

WK PHONE _____ HM PHONE _____

FAX _____ E-mail Address _____

TYPE OF MEMBERSHIP: *(Please Circle)*

CERTIFIED **Open to all animal control and humane personnel whose primary duties are**
\$50.00 **directly related to animal control. Reduced conference tuition.**
 Maintenance of CE hours. Certification statement every three years. Trade
 journals or periodicals selected by the association. (Voting Rights)

ASSOCIATE **Open to Public Health and Veterinary Health Personnel, Government**
\$25.00 **Officials, Quasi-Public Organizations, Veterinarians and others**
 interested in animal control. (No Voting Rights)

SUPPORTIVE **Open to veterinarian medical organizations, supply companies, pet food**
\$50.00 **companies, municipalities and other organizations interested in animal**
 control. (No Voting Rights)

CORPORATE **Open to business and corporations.**
\$200 **(Will receive a Certificate and ad in the annual conference booklet.**
 ***No Voting Rights*)**

RETURN APPLICATION AND FEES TO: (MAKE CHECKS PAYABLE TO TACA)
TEXAS ANIMAL CONTROL ASSOCIATION
P.O. BOX 150637
LUFKIN, TX 75915-0637

1-800-324-8503

(Check one) Visa _____ MasterCard _____ Zip Code _____ Security #'s _____

Name as appears on card (print) - _____

Card Number _____ Expires _____ (Mo) _____ (Yr)

Total Amount \$ _____ Signed _____