



MEMBERSHIP APPLICATION

Join and pay online at www.tafcc.org

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PLEASE circle one: NEW MEMBER RENEWING MEMBER

<p>PLEASE PRINT CLEARLY:</p> <p>First Name: _____ Last Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: _____ Cell Phone: _____</p> <p>Email Address: _____</p> <p>Business Name: _____</p> <p>Local Association: _____</p> <p>County you live in: _____</p> <p>Please check one:</p> <p>Type of Facility: <input type="radio"/> Licensed <input type="radio"/> Registered <input type="radio"/> Listed <input type="radio"/> Center <input type="radio"/> Other _____</p> <p>Permission is given: <input type="radio"/> Yes <input type="radio"/> No to have the newsletter or other publications sent to my email address.</p> <p>Permission is given: <input type="radio"/> Yes <input type="radio"/> No for my information to be on the T.A.F.C.C. website.</p>
<p>TAFCC MEMBERSHIP DUES - \$40.00 per calendar year</p> <p>All members are entitled to vote in organization business</p> <p>Pay online at www.tafcc.org or</p> <p>Make check or money order payable to TAFCC</p> <p>Mail this completely application and payment to:</p> <p>TAFCC c/o Clarissa Pitts 323 Brookwood Dr. Duncanville, TX 75116</p> <p><i>Returned check fee of \$25.00 applicable</i></p>

<p>OFFICE ONLY:</p> <p>Date Received: ___/___/___ Check# _____ Amount: \$ _____ Treasurer Initial: _____</p>
