



MEMBER DATA SHEET

FIRM INFORMATION

Name of Firm: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Type of Firm: Surety Co. Agent CPA Attorney Other

Billing Address (if different): _____

Website: _____

Member Name: _____ Email: _____

Member Name: _____ Email: _____

Member Name: _____ Email: _____

Member Name: _____ Email: _____

Member Name: _____ Email: _____

MEMBER SURVEY

ACTIVITIES: What organized group activities would you like to participate in?

TOPICS: What topics and/or speakers would you want discussed at our meetings?

LUNCHES: What places would you recommend for our lunch meetings or happy hours?

SUGGESTIONS: Any other suggestions?

Thank you for your participation in the Surety Association of South Texas!

**Mail Membership Fee of \$100 to:
Surety Association of South Texas
P.O. Box 460777
San Antonio, Texas 78246**

www.suretysouthtx.com