



Membership Application Form

Applicant Name: _____ Date: _____

Applicant Address: _____
Street Address Apartment Unit #
City State Zip Code

Company Information

Business Name: _____

Business Type: _____

Business Address: _____
Street Address Apartment Unit #
City State Zip Code

Phone #: _____ Fax #: _____

Email Address: _____ Website: _____

Please select the category that best represent you and your organization. Make your check payable to TCAACC, and submit your application together with payment. If pay by check, you can mail the payment or pay in person at our office. If pay by credit or debit card, please fill out the payment information and sign below and return this form back to us.

Annual Fee Schedule

- Student \$25
- Individual \$100
- Small Business with less than 50 employees \$200
- Company with 50-100 employees \$500
- Non-Profit Corporation \$1,000
- Corporate Sponsor \$1,500
- Underwriter Sponsor \$15,000

Method of payment: Cash Check Credit Card

If pay by credit card, please provide credit card information:

Card #: _____ Expiration: _____ Billing Zip Code: _____

Billing Authorization Signature: _____ Date: _____