



Texas Animal Control Association

Since 1974

You can also join online at WWW.TACA.ORG!

MEMBERSHIP APPLICATION

DATE _____ RENEWAL _____ NEW _____ DSHS Region _____

Name _____ Mailing Address _____

City _____ Zip Code _____ County _____

Work Phone _____ Cell Phone _____ Fax _____

E-Mail Address _____ Job Title _____

Please note! We must have the member's unique email address, and no other! Please do not use the supervisor's email or the purchasing agent's email. If your purchasing department needs a copy of an invoice, please contact us.

◆ *Type of Memberships Available with TACA: (Please Circle)*

Certified	\$50	Open to all animal control and humane personnel whose primary duties are directly related to animal control/animal welfare profession. <i>[Benefits; reduced annual conference registration fee, area seminars, and other educational opportunities hosted by TACA, support record keeping of continued education hours earned, verification of continued education hours upon request, trade journals and/or periodicals selected by the association, Quarterly Updates of News in Texas. TACA publishes a quarterly Newsletter available on the TACA web site and announced in the "Quarterly Update", TACA went paperless with the Newsletter so that members could have access faster and can print a Newsletter, if you would rather TACA print and mail you a Newsletter please let us know here _____.</i> VOTING RIGHTS]
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Supportive	\$50	Open to veterinarian medical organizations, supply companies, pet food companies, municipalities and other organizations interested in the animal control/animal welfare profession. (NO VOTING RIGHTS)
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Corporate	\$200	Open to business and corporations that are interested in the animal control/welfare profession (Benefits you will receive certificate at annual conference and ad in the annual conference proceeding book. (NO VOTING RIGHTS)
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◆ Return application and method of payment to: Texas Animal Control Association, 4206 Selina Ct., Arlington, TX 76016
TACA accepts Master Card & VISA, if paying by credit card, COMPLETE ALL below.

(Check One) Master Card ___ VISA ___ Zip Code _____ Security # _____ Card # _____

Name on Card _____ Billing Address _____, City _____

Expiration ___ Mo. ___ Year Total Amount \$ _____ Signature _____

Please do not send credit card numbers by email...You may pay with a credit card online!