

## **MEMBERSHIP FORM**

Membership Runs from Jan 1 – Dec 31 each year.

□ New Applicant	
☐ Member Renewal	
Submission Date:	

FULL NAME	DESIGNATION: (please circle) CAI / BAS / ATS / CES / GPPA / AARE / PRI / AMM / TCAP						
COMPANY							
ADDRESS	CITY	STATE	ZIP COL	UNTY			
PHONE	FAX		<b>EMAIL</b> ( <u>required</u> – used for webpage user login)				
TDLR LICENSE # (put 'pending' if you will get it in the next 3_months)  YEAR LICENSED  YEAR JOINED TAA (if applicable)							
NEW APPLICANT ONLY I was referred by (please list full name):							
I hereby agree to abide by the Bylaws, officers, directors and committees. It is consideration of this application, the t	understood that if for an	y reason membership b	-		= -		
Member's Signature:	Date:						
NOTE: New members who join in th	e 4 <sup>th</sup> quarter will carry throug	gh as a member for the fol	llowing year. Cont	act the TAA office	with questions.		
MEMBERSHIP LEVEL	DESCRIPTION		RENEW BEFORE FEB 15  & First Time Members		RENEW AFTER FEB 15		
☐ Full Auctioneer	Texas resident & Texas lice	PNSED *voting member	\$135.00		\$165.00		
☐ Affiliate Auctioneer	Non-Texas resident auction auctioneer, ringman, vendo	•	\$135.00		\$165.00		
☐ Hall of Fame Auctioneer	Dues waived. Please submi		\$ 0.00		\$ 0.00		
☐ Donation to Scholarship Fund	Help in the advancement of promote the Auction Meth		\$		\$		
MEMBERSHIP PAYMENT							
☐ Check (#) *Payable to: Texas	Auctioneers Association	<b>1</b> MasterCard □ Visa	☐ AMEX	☐ Discover	TOTAL: \$		
CREDIT CARD #	EXPIRATION DATE SECURITY CODE						
CARDHOLDER NAME CARDHOLDER SIGNATURE							
BILLING ADDRESS  Contributions or gifts to TAA are not tax deducti	ble as charitable contributions for income to	BILLING CITY  ax purposes. They may be tax deductible	BILLING  e as ordinary and necessar				
AUC-PAC CONTRIBUTION	DONATION AMOUNT		<u> </u>		·		
☐ Corporate Donation	Total: \$	Contributions made to the AUC-PAC are neither deductible as					
☐ Personal Donation	Total: \$	a business expense nor as a charitable contribution.					
AUC-PAC PAYMENT							
☐ Check (#) *Payable to: AUC-P	olitical Auction Committee	☐ MasterCard ☐ \	Visa 🔲 AME	X Discove	er		
CREDIT CARD #		EXPIRATION DATE	SECURIT	Y CODE			
CARDHOLDER NAME	RDHOLDER NAME CARDHOLDER SIGNATURE						
BILLING ADDRESS		BILLING CITY BILLING STATE		STATE BILLING	ZIP		