

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	СІТҮ	STATE	ZIP COL	UNTY		
PHONE	FAX	EMAIL (<u>required</u> – used for webpage user login)				
TDLR LICENSE # (put 'pending' if you will g	uet it in the next 3_months)	YEAR LICENSED	YEAR JOI	NED TAA (if applic	cable)	
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	s understood that if for an	y reason membership b	-			
Member's Signature:	Date:					
NOTE: New members who join in th	e 4 th quarter will carry throug	gh as a member for the fol	llowing year. Conto	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	ensed	\$150.00		\$175.00	
☐ Affiliate Auctioneer	Non-Texas resident auction auctioneer, ringman, vend	,	\$150.00		\$175.00	
☐ Hall of Fame	No dues required. Form sh	• •	\$ 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	☐ 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 deduct	ble as charitable contributions for income t	BILLING CITY ax purposes. They may be tax deductibl	BILLING S			
AUC-PAC CONTRIBUTION	DONATION AMOUNT					
☐ 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-F	Political Auction Committee	☐ MasterCard ☐ \	√isa □ AME	X Discove	er	
CREDIT CARD #		EXPIRATION DATE	SECURITY	Y CODE		
CARDHOLDER NAME	CARDHOLDER SIGNATURE					
BILLING ADDRESS		BILLING CITY	BILLING S	STATE BILLING	ZIP	