

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 | COUNTY | | |
| PHONE | FAX | | EMAIL (required – used for webpage user login) | | | |
| TDLR LICENSE # (put 'pending' if you will | get it in the next 3_months) | YEAR LICENSED | YEAR JOINED TA | .A (if applicable) | | |
| NEW APPLICANT ONLY I was referred by (please list full name) | | | | | | |
| I hereby agree to abide by the Bylaw. officers, directors and committees. It consideration of this application, the | is understood that if for any | y reason membership b | | | | |
| Member's Signature: Date: | | | | | | |
| NOTE: New members who join in t | he 4 th quarter will carry throug | gh as a member for the fo | llowing year. Contact the | TAA office with questions. | | |
| MEMBERSHIP LEVEL | DESCRIPTION | | Membership Re | newal First Time Members | | |
| ☐ Full Auctioneer | Texas resident & Texas lice | ensed | \$175.00 | \$150.00 | | |
| ☐ Affiliate Auctioneer | Non-Texas resident auctioneer, Licensed associate auctioneer, ringman, vendor or auction supporter | | \$175.00 | \$150.00 | | |
| ☐ Hall of Fame | | No dues required. Form should still be submitted. | | \$ 0.00 | | |
| ☐ Donation to Scholarship Fund | Help in the advancement of promote the Auction Metho | | \$ | \$ | | |
| MEMBERSHIP PAYMENT | | | | | | |
| ☐ Check (#) *Payable to: Texe | s Auctioneers Association | 1 MasterCard □ Visa | ☐ AMEX ☐ Disc | cover TOTAL: \$ | | |
| CREDIT CARD # | REDIT CARD # EXPIRATION DATE SECURITY CODE | | | | | |
| CARDHOLDER NAME CARDHOLDER SIGNATURE | | | | | | |
| BILLING ADDRESS Contributions or gifts to TAA are not tax dedu | ctible as charitable contributions for income to | BILLING CITY ax purposes. They may be tax deductib | BILLING STATE le as ordinary and necessary business e | BILLING ZIP expenses. Verify with your accountant. | | |
| AUC-PAC CONTRIBUTION | DONATION AMOUNT | | | | | |
| ☐ Corporate Donation | Total: \$ | Total: \$ Contributions made to the AUC-PAC are neither deductible as | | | | |
| ☐ Personal Donation | Total: \$ | | | | | |
| AUC-PAC PAYMENT | | | | | | |
| ☐ Check (#) *Payable to: AUC | -Political Auction Committee | ☐ MasterCard ☐ ` | Visa ☐ AMEX | ☐ Discover | | |
| CREDIT CARD # | | EXPIRATION DATE | SECURITY CODE | | | |
| CARDHOLDER NAME | CARDHOLDER SIGNATURE | | | | | |
| BILLING ADDRESS | | BILLING CITY BILLING STATE BILLING ZIP | | BILLING ZIP | | |