



**T A C A**  
**M E M B E R S H I P   A P P L I C A T I O N**

Name: \_\_\_\_\_

Court: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

Birthday (optional): \_\_\_\_\_

**I am a  New or  Renewing Member**

<p><i>I wish to apply for:</i></p> <p><input type="checkbox"/> <b>Joint Application (\$110)</b></p> <p style="padding-left: 40px;"><b>(Includes 1 Regular Membership &amp; 1 Judicial Membership)</b></p> <p><b>Judge's Name:</b> _____</p>	<p><i>OR (check one):</i></p> <p><input type="checkbox"/> <b>Regular Membership (\$75)</b></p> <p><input type="checkbox"/> <b>Associate Membership (\$35)</b></p> <p><input type="checkbox"/> <b>Judicial Membership (\$35)</b></p> <p><input type="checkbox"/> <b>Sustaining Membership (\$200)</b></p>
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*I understand that the category of membership is subject to the by-laws of the Association.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Judge's Signature*

**Make check payable to TACA**  
Texas Association for Court Administration  
Correctional Management Institute of Texas  
George J. Beto Criminal Justice Center  
Sam Houston State University  
Huntsville, TX 77341-2296  
Phone: (936) 294-1639

