



P.O. Box 143533, Austin, TX 78714-3533

(512) 255-6373 / (512) 535-6202 fax

MEMBERSHIP APPLICATION

Form must be completed and returned with dues payment to the address above.

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

TCA Info:

Home Address: _____

City: _____ State: _____ Zip: _____

Or US Representative District: _____ Senate District: _____ Texas Representative District: _____

This info can be found on <http://www.fyi.legis.state.tx.us/>

Company representatives who would like to receive notices and educational information

1. _____ Email: _____

2. _____ Email: _____

3. _____ Email: _____

4. _____ Email: _____

Website Address: _____

May be link your company's website address on the CTSA site? _____

Principal Type of Business: _____

(Example: Plumbing, Heating, Electrical, Painting, etc)

Year Business Established: _____ Number of Employees: _____

Does a General Contractor own any part of this business? ___ Yes ___ No If yes, what % _____

Is this company a branch office? _____

If so, address of Parent Company: _____

Annual Dues of \$500.00 are payable to Central Texas Subcontractors Association. \$75.00 of the dues is non-deductible as a political lobbying expense.

Signed: _____ Title: _____ Date: _____