T.A.P.B.A. MEMBERSHIP APPLICATION

Member Information (*Please print or type):* **Date**:_____

_____ _____

First Name Middle Initial Last Name Date Qualified to Write Bonds

_____ _____

Company Name Owner Name

Office Address City/State/Zip

Office Phone Number Fax Number E-Mail Address

Home Address City/State/Zip Home Phone Number

_____ _____

Counties in Which You Write Bonds Judicial Districts in Which You Write Bonds

Type of membership desired:
- ☐ Company/Voting ($100 per year)
- ☐ Agent ($ 25 per year)
- ☐ Affiliate ($ 50 per year)
- ☐ Associate ($ 50 per year)

Amount $_____ Cash ____ Check No. _____

Membership Renewal _____ New Member _____

***To be a company member you must show proof of ownership as reflected on your last filed semi-annual report. Send only the page that has been stamped by the court clerk.**

It is often important to identify members who are constituents in different legislative districts. Your response is greatly appreciated. (*The information requested can be found on your voter registration card*.)

State House District #_____ State Senate #_____

Political Party Affiliation (please check one): ☐ Democratic ☐ Republican ☐ Independent

PLEASE RETURN TO:

TAPBA

P.O. Box 60128, Nashville, TN 37206

Phone: (931) 739-3339 Fax: (615) 254-1186

www.tapba.org info@tapba.org