



# Texas Tire & Automotive Association

## MEMBERSHIP APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Dealer Member (\$145 per year)     Supplier Member (\$145 per year)     Two Year Membership (\$275)     Three Year Membership (\$400)

**Donation to Scholarship Fund Enclosed**     \$10     \$25     \$50     \$100     Other

**Enclosed is Check #** \_\_\_\_\_ **Please Charge**     Mastercard     Visa    **Exp. Date** \_\_\_\_\_

**In the Amount of \$** \_\_\_\_\_ **Card #** \_\_\_\_\_ **VCODE** \_\_\_\_\_

**Signature:** \_\_\_\_\_