



## TPCA WRANGLERS MEMBERSHIP APPLICATION

Name: \_\_\_\_\_  
*(For company memberships, please attach a complete list of names)*

Company: \_\_\_\_\_

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

City/St/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

**Annual Dues** (Fiscal Year May 1<sup>st</sup> to April 30<sup>th</sup>)

**\$50.00** Individual **\$250.00** Company Membership – Up to 7 employees

My Check for \$ \_\_\_\_\_ is enclosed, *made out to TPCA WRANGLERS*

Please charge \$ \_\_\_\_\_ to my  M/C – Visa  Amex

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Return form to: TPCA WRANGLERS  
701 W. 15<sup>th</sup> Street  
Austin, TX 78701  
Ph: 512-476-9547  
Fx: 512-477-4239