

Date _____

TAPS Membership Application

Name (Mr./Ms./Mrs.) _____

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____

Spouse _____

Association mail will be sent to: Business Residence

Employer

Employer's Name _____

Address _____

City _____ State _____ Zip _____

Job Title _____

Phone (_____) _____ Cell (_____) _____

E-Mail _____ Website _____

Education

High School _____

Tech School/University _____

Degree _____

Registration

RLS LSIT Year registered _____

State _____ License # _____

County in which you reside _____

Dues

- I have previously held membership in TAPS.
- Associate Member \$130
- Business (Company) Member \$235
- Member - Licensed \$235
- Retired Member \$95
- Student Member \$30

Practice

Check which category best reflects your area of practice.

- Construction
- Private
- Industry
- Education
- Government
- Other _____

Reference or Sponsor

Name _____

Phone _____ E-Mail _____

Payment

Credit card payment is available at www.taps-inc.com E-store.

Make checks payable to TAPS and mail to the address below.