



TEXAS INDEPENDENT AUTOMOTIVE ASSOCIATION MEMBERSHIP APPLICATION

CONTACT INFORMATION

First Name:		Last Name:	
Company:		Job Title (Owner/Manager):	
Mailing Address:			
City/State/Zip:			
Email:			
Business Phone Number:		Fax Number:	Mobile Phone Number:
Referring TIAA Member (if any):			

<input type="checkbox"/> Active Membership	<input type="checkbox"/> Vendor/Supplier Membership
Annual Dues: \$250	Annual Dues: \$250

Enclosed is Check # _____	Please Charge: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Exp. Date _____
in the Amount of \$ _____	Card # _____	VCode _____
Signature: _____		

NATURE OF BUSINESS: Automotive Repair Collision Repair Automotive Vendor Industry Supplier