



TEXAS SCHOOL ASSESSORS ASSOCIATION, INC.

MEMBERSHIP APPLICATION

NAME _____ PROFESSIONAL DESIGNATIONS _____

TITLE _____

JURISDICTION _____

MAILING ADDRESS _____

CITY _____ ZIP _____

TELEPHONE # _____ FAX# _____

EMAIL ADDRESS _____

Please mark your membership classification:

- | | | |
|-----------|---------|---|
| ACTIVE | \$55.00 | Assessors and/or Collectors, Chief Appraisers |
| ASSOCIATE | \$40.00 | Tax Office/Appraisal District Personnel |
| AFFILIATE | \$55.00 | Superintendents, Education Service Center Personnel, Attorneys, Professional Appraisal Company Personnel involved in the assessment and/or collection of taxes. |

Make checks payable to: **TEXAS SCHOOL ASSESSORS ASSOCIATION, INC.**

Mail completed form and check to: **Colette Ballinger**

**TSAA
3072 MUSTANG DR
GRAPEVINE, TX 76051
817-251-5632**