

# 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 ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
E-Mail \_\_\_\_\_

## Education

High School \_\_\_\_\_  
Tech School/University \_\_\_\_\_  
Degree \_\_\_\_\_

## Registration

RLS  LSIT Year registered \_\_\_\_\_  
State \_\_\_\_\_ License # \_\_\_\_\_  
County in which you reside \_\_\_\_\_

## Dues - Effective 10/1/06

- I have previously held membership in TAPS.
- Member \$175
- Junior/Associate Member \$120
- Affiliate Member \$160
- Retired Member \$85
- Student Member \$25
- Sustaining Member \$280

## Practice

Check which category best reflects your area of practice.

- Construction
- Private
- Industry
- Education
- Government
- Other \_\_\_\_\_

***A \$25 reinstatement fee will be added to lapsed membership.***

## References

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## Payment

Check Credit Card # \_\_\_\_\_  
 Visa  MasterCard Signature \_\_\_\_\_  
 Please bill me Exp. Date \_\_\_\_\_  
 Annually  Semi-Annually  Quarterly