

**TEXAS ALTERNATIVE CERTIFICATION  
ASSOCIATION  
(TACA)**



**Individual Membership Application  
October, 2009-September, 2010**

Please Print

Name: \_\_\_\_\_

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

Phone: (HM) \_\_\_\_\_ (WK) \_\_\_\_\_

Institution/Program: \_\_\_\_\_

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

**TACA Tax I.D. # 1-76-549122-8**

*(Make checks payable to: TACA)*

**Individual: \$50.00 (each individual)**

**Mail To:**

**Sue Mahoney**

**TACA Treasurer**

**622 Cherrybark**

**Houston, TX 77079**

**Please include one of these forms for *each* of your organization's  
staff that will be TACA members**