



Texas Chief Deputies Association

MEMBERSHIP APPLICATION FORM

Date: _____

New or Renewing? New Member Renewing Member
Member Type Active Member Associate Member

Name: _____

Date of Birth: _____ PID/TCOLE: _____

Agency/Department: _____

County: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Recommended By (if associate member): _____

Applicant's Certification: To the best of my knowledge, the information reported above is complete and correct.

Signature: _____ Date: _____

MEMBERSHIP DUES ARE \$24.00 ANNUALLY

Online payment is available at www.txchiefdeputies.org/join

If you are attending the conference, your membership fee is included in your registration fee.

Please send form and check to:

Texas Chief Deputies Association
Rachel Vega, Executive Director
218 Quinlan Street #401
Kerrville, TX 78028

or email to tcda1986@gmail.com

Questions? Contact Rachel Vega at (512) 348-1739 or tcda1986@gmail.com