



**Texas Association of Appraisal Districts Chapter
of the International Association of Assessing Officers**

Membership Application

January 1 to December 31 Membership Period

GROUP FORM

Membership Year: _____

Jurisdiction/Firm _____ Primary Contact _____ Email _____

Mailing Address _____ Office Phone _____

All applicants must be members of TAAD and IAAO.

	NAME	IAAO #	TDLR #	IAAO designation(s)* / year achieved	EMAIL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

*Professional designations are **not** a membership requirement. – Attach an extra sheet, if necessary –

Membership Dues: \$20 per person X # of people: _____ = Total Enclosed: \$ _____

Please make checks payable to TAAD-IAAO Chapter, and return this completed application with dues to:
TAAD Chapter of IAAO; 7700 Chevy Chase Dr, Bldg 1, Ste 425; Austin, Texas 78752-1558

Office use ONLY:
Date: _____
Ck #: _____
Paid: _____
DB: _____