

Central Texas Advocates for Seniors Membership Application

(Application must accompany each payment including new members and renewals)

Year 2017

Applicant: _____ Title: _____

Phone Number: _____ Email: _____

Organization: _____

Address: _____

City: _____ State _____ Zip _____

Organization Phone Number: () _____ Website [URL](#): _____

Counties Served: _____

Name of Chief Executive: _____ email: _____

What contact information do you want noted on the CTAS website?: _____

Please specify "Home" chapter:

- New Braunfels Chapter
 San Marcos Chapter

Dues: s All Chapters: \$100 to attend meetings of any and all chapters
One Chapter: \$50 to attend meeting of only one Chapter

Participation in CTAS activities is expected of all members. Please indicate which committee you would care to serve on:

- | | |
|--|--|
| <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> Legislative Committee |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Community Service Committee |
| <input type="checkbox"/> Program Committee | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Audit Committee | |

Interest in serving on the CTAS board? Yes No

Please complete the application and mail completed form with your dues check payable to CTAS:

CTAS, PO BOX 310328, New Braunfels, TX 78131, You may also fax your application to 830-629-0832 if you pay your bill on PayPal.