



# ASSOCIATE MEMBERSHIP APPLICATION

Choose one:  New Member  Renewal

First \_\_\_\_\_ Last \_\_\_\_\_ Title \_\_\_\_\_

Region:  Alamo  Central  El Paso  Gulf Coast  North Texas  Rio Grande Valley  Panhandle

Company TPSB License# \_\_\_\_\_ Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Ph. \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Insurance Beneficiary/Beneficiaries**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PAYMENT OF MEMBERSHIP DUES** Dues are paid in full annually and must be submitted with this form.

Associate Membership \$30.00

Enclose Payment Total \$ \_\_\_\_\_

Please make check payable/mail payment to: **ASSIST**

Attn: Member Services

3300 Bee Caves Road, Suite 650-119

Austin, TX 78746

I understand that ASSIST dues are due annually and that a \$25 late fee will apply to all renewing memberships submitted after 60 days of the due date.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please contact ASSIST at 832-274-1079 or via email: [admin@assisttexas.org](mailto:admin@assisttexas.org)