



VOTING 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 _____

Adding on AD&D Insurance (additional charge) Fill out below info.

Insurance Beneficiary/Beneficiaries

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

3. Name _____ Relationship _____ Phone _____

(*required)

*Currently, how many do you employ? < 50 50-100 100-250 250-500 >500

What are your estimated annual revenues? <\$1m \$1m-\$3M \$3m-\$5m >\$5m

Are you members of other organizations? Yes No If yes, which ones _____

What is of greatest benefit to you? (Check all that apply) 3% workers comp discount Networking

Newsletter/ industry information CE credits Other _____

What additional benefits would you like to see from ASSIST? _____

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

Voting Member \$225.00

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