



Membership Application

NAME: _____

DISTRICT/INSTITUTION: _____

POSITION/ROLE: _____

ADDRESS: _____

CITY: _____ STATE: TX ZIP: _____

PHONE WORK: _____ CELL: _____

EMAIL WORK: _____

TALS Membership: \$ 20

PLEASE MAKE ALL CHECKS MADE PAYABLE TO TALS

Send Payment to:

Ixtchel Oldalde
TALS Treasurer
3504 Badger Ct
San Angelo, TX 76901