



## Membership Application

NAME: \_\_\_\_\_

DISTRICT/INSTITUTION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: TX ZIP: \_\_\_\_\_

PHONE WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL WORK: \_\_\_\_\_

**TALS Membership: \$ 20**

**PLEASE MAKE ALL CHECKS MADE PAYABLE TO TALS**

Please send payment to:

**Melissa Vargas  
9723 McKinney Ln.  
Missouri City, TX 77459**