

TEXAS ASSOCIATION FOR



LANGUAGE SUPERVISION

Membership Application

NAME: _____

DISTRICT/INSTITUTION: _____

WORK ADDRESS: _____

CITY: _____ STATE: TX ZIP: _____

PHONE WORK: _____ CELL: _____

EMAIL WORK: _____

TALS Membership: \$ 20

Pay with Zelle: texaslotetals@gmail.com

OR

PLEASE MAKE ALL CHECKS MADE PAYABLE TO TALS

Please send payment to:

Melissa Vargas
9723 McKinney Ln.
Missouri City, TX 77459