

# TETAC MEMBERSHIP APPLICATION

PO Box 210, Liberty, SC 29657 800-476-4272 Fax: 864-843-1149



**Full Name:** \_\_\_\_\_ **Informal Name:** \_\_\_\_\_

**Club/Company:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Club/Company Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Years in position:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Indicate Preferred Mailing Address:** Home \_\_\_\_\_ Work \_\_\_\_\_

**MEMBERSHIP TYPE:** (Please check proper classification)

**A ( ) \$45 - Senior Tech-** Head/Assistant Technician or Equipment Manager with more than 1 year experience.

**B ( ) \$25 - First year tech/Students (Single)** -Technician employed first year/Full time tech student

**C ( ) \$300 - Educational (Group)** -Up to 15 educators/students enrolled in tech field

**D ( ) \$35 - Associate member (Single)** -Technician representing manufacturer/distributor

**PAYMENT OPTIONS**

**Check: Make payable to TETAC, PO Box 210, Liberty, SC 29657**

**Credit card: Fax to: 864-843-1149**

Credit Card # \_\_\_\_\_ exp.date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_