



Texas Association of Counselor Education and Supervision

### MEMBERSHIP APPLICATION

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Please sign me up as a TACES member!**

TCA Membership Number: \_\_\_\_\_

**Enclosed is the annual membership fee of \$20.00**

\_\_\_ Check Please charge my : \_\_\_ Visa \_\_\_ MasterCard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

*I understand that my TACES membership year will match my TCA membership year.  
Consequently, this first year of my TACES membership may be less than 12 months long.*

Mail or FAX to:

Texas Counseling Association  
316 West Twelfth Street, Suite 402  
Austin, TX 78701

Phone: 512-472-3403 or 800-580-8144  
Fax: 512-472-3756  
E-mail: [txca@txca.org](mailto:txca@txca.org)

You may also register online at <http://www.txca.org>

***THANK YOU & WELCOME TO TACES!***