# Texas Chiropractic College Alumni Association

## Dues Notice & Membership Application

## COMPLIMENTARY FOR NEW GRADUATES

**Please Type or Print (Legibly)**

**Return to: TCCAA, P.O. Box 8140, Pasadena, TX 77505-8140**

**Name** _____ **Birthday** ___/___/___
Last First Middle

**Spouse** _____ **Birthday** ___/___/___ **Wedding Anniversary** ___/___/___

**Office Address** _____ **Suite** _____

**City** _____ **State** _____ **Zip** _____-_____

**Mailing Address (if different)** _____

**Home Address** _____ **Apt. No.** _____

**City** _____ **State** _____ **Zip** _____-_____

**Phone No.** _____ _____
Office Home

_____ _____ _____
Fax Cell Pager

***Email** _____ **Web Site www.** _____

**Date Graduated** _____ **From** ☐ **TCC** ☐ **Other** _____

**Children & Birthdays** _____

☐ **YES** ☐ **NO** **Permission to publish information in an Alumni Directory. Birth years WILL NOT be published!**

***Help us to save postage by allowing us to have your email.**

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**Membership Dues ($50)** **$** _____ **Comments** _____

**Lifetime Membership ($1,000)** **$** _____ _____

**Associate Member ($50)** **$** _____ _____

**TCCAA Fund** **$** _____ _____

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**TOTAL ENCLOSED** **$** _____ _____