## 2018 TSA Application

## **Referring Member**

Enter referring Company Member name here

Company Name:	Company Primary Contact:
Email:	Web:
Mailing Address:	
City, State, Zip:	
Shipping Address:	
City, State, Zip:	
Phone:	Fax:
	TDLR Contractor License #:
Safety Supervisor Name:	Email:
Please designate membership classifi	ication and calculate annual dues from appropriate dues structure below.
Regular Members; Sign Manufacturer/Maintenance/Erection, (Regular Members of the Association shall be those members that are individual or corporate owners of or companies, wherever located, that are engaged in the sale of or manufacture, construction, erection and repair of sign structures and related components for on premise advertising (collectively referred to herein as the "Sign Industry"). Sells to the end user with less than 20% of revenues created by selling to other Sign Industry organizations.)  ANNUAL DUES - Membership expires 12/31 of each year.  1-10 Employees \$370.00 Annual \$	
Method of Payment: Payment must be received with Application. VISAMasterCardAMEXCheck Enclosed #	
Cardholder's Name	
Credit Card Number	
	ST Zip

Return to: TSA, 1200 Briarcrest STE 3000, Bryan, TX 77802; Or fax the form with credit card information to: 979-268-7501

This dues structure, as approved by the board of directors September 2008, became effective January 1, 2009. Dues payments ensure company listing in membership directory. Contributions or gifts to Texas Sign Association are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense. No portion of dues payment is used for lobbying purposes.

TSA MEMBERSHIP UPDATE Please update your membership listing. Check out your current information on the TSA website at www.txsigns.org. Company Representatives: \_\_\_\_\_Title/Position\_\_\_\_\_ E-mail \_\_\_\_\_ Title/Position E-mail Title/Position\_\_\_\_ E-mail \_\_\_\_\_ Title/Position\_\_\_\_\_ E-mail E-mail \_\_\_\_Title/Position\_\_\_\_\_ \_\_\_\_Title/Position\_\_\_\_ E-mail **Services Available**: List services available in 40 words or less (attach a separate page if necessary.) Primary Region of Service: \_\_\_\_\_\_ Secondary Region of Service: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_ Date Founded: Please provide the following information to use as search items when customers or trying to locate you. (Please check all those that pertain to your company) Service: \_\_\_\_\_ Manufacture: \_\_\_\_\_ Permitting: \_\_\_\_\_ Survey: \_\_\_\_\_ Installation: \_\_\_\_\_ Digital Printing \_\_\_\_\_ Electrical: \_\_\_\_\_ Neon Installation & Repair: \_\_\_\_ Vinyl Graphics: \_\_\_\_\_ Electronics (LED) \_\_\_\_\_ Architectural/ADA \_\_\_\_\_ Design\_\_\_\_\_ Number Type Number Type Crane 50'-100' Crane Under 50' Crane Over 100' **Bucket Truck** 

Service Truck: