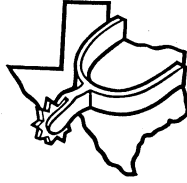


**THE TEXAS SPURS**



**MEMBERSHIP APPLICATION**

**Membership Dues - \$75.00 per year**

Name \_\_\_\_\_

Company \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Send All Mailings to: Office \_\_\_\_\_ Home \_\_\_\_\_

Method of Payment:  Check (make payable to "The Texas Spurs")

Visa

Master Card

AmEx

Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

If you wish to pay with check, please mail to: The Texas Spurs  
P. O. Box 820505  
Fort Worth, Texas 76180-0505

If you wish to pay with a credit card, please fax this form to The Texas Spurs at Fax #817.656.2002  
or you may mail to the above address.

[www.texasspurs.org](http://www.texasspurs.org)

[nancy@texasspurs.org](mailto:nancy@texasspurs.org)