

THE TEXAS SPURS
MEMBERSHIP APPLICATION

Membership Dues - \$75.00 per year

Name _____

Company _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email 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 _____ Name on Card _____

Signature _____

Name Printed _____

If you wish to pay with check, please mail to: The Texas Spurs
P. O. Box 820505
Fort Worth, TX 76182-0505

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.