



MEMBERSHIP FORM

POLICYHOLDER'S INFORMATION:

COMPANY: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____ FAX: _____
WEBSITE: _____

CONTACT TO RECEIVE ANNUAL RENEWAL INVOICES:

NAME: _____ E-MAIL: _____

CONTACT TO RECEIVE WORKPLACE SAFETY UPDATES & RESOURCES:

NAME: _____ E-MAIL: _____

ANNUAL DUES: \$100.00*

MEMBERSHIP CATEGORY:

- MANUFACTURER MANUFACTURER SUPPLIER
 MANUFACTURER SERVICE OTHER

INSURANCE AGENT'S INFORMATION:

NAME OF AGENCY: _____
NAME OF AGENT: _____
E-MAIL ADDRESS: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____ FAX: _____
AGENCY'S WEBSITE: _____
TEXAS MUTUAL UNDERWRITER'S NAME (IF KNOWN): _____

***PLEASE MAIL COMPLETED APPLICATION AND \$100 DUES CHECK
(PAYABLE TO "TEXAS ASSOCIATION OF MANUFACTURERS") TO:
PO Box 50565
AUSTIN, TX 78763**

Notice: Contributions or dues to the Texas Association of Manufacturers (TAM) are not tax-deductible as charitable contributions. However, they may be deductible as ordinary and necessary business expenses. A portion of these dues are not deductible as an ordinary and necessary business expense to the extent that TAM engages in lobbying activities. The nondeductible portion of dues beginning with the year 2006 is 80%.

- TAM's Federal taxpayer identification number: 20-3945491 (Please call 512.745.2815 for a copy of TAM's W-9 Form)
- TAM's Texas taxpayer identification number: 32017486864

Please contact Stacy Looney at 512.906.2000 or Stacy.Looney@TAMWorkersComp.com with questions regarding this application.