



TAM MEMBERSHIP FORM

POLICYHOLDER'S INFORMATION:

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ POLICY #: _____

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: _____

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**