



Application for Affiliate Membership

Affiliate membership status may be granted, once voted on by the membership, to those organizations, which, while non-collegiate, are found to have purposes parallel to those of TACRAO and desire to participate in its activities.

Name of Organization: _____

Mailing Address: _____

City, State, Zip: _____

Name of Person requesting Membership: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Phone Number: _____ *Best Time to Call:* _____

Organization's Mission Statement (Copy may be attached):

Membership in TACRAO is desired for what reason?

Agencies of Accreditation (if any):

Date of Application: _____

*Please mail completed application to the
TACRAO Membership Committee
Chairperson (contact information and
address available at www.tacrao.org)*