



Application for Associate Membership

Associate membership status may be granted, upon approval of the membership, to post-secondary education agencies and/or coordinating agencies.

Name of Agency: _____

Mailing Address: _____

City, State, Zip: _____

Name of Person requesting Membership: _____

Mailing Address: _____

City, State, Zip: _____

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

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

Membership in TACRAO is desired for what reason?

Agencies of Accreditation (if any):

University/College Affiliation (if any):

Date of Application: _____

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