

Texas Department of Public Safety Officers Association Auxiliary

2020 ASSOCIATE MEMBERSHIP

Membership Type (circle one) **New** **Renewal** **Lifetime** (updates only)

Name: _____

Recruited By: _____

Auxiliary Region Representative: _____

Region/District: (example 1A, 2B, 3A, etc.) _____

Member Contact Information

Mailing Address: _____

City: _____ County: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

If you would like email updates please check here:

Birthday: _____

Due to all the life adjustments brought on by the COVID-19 outbreak, we are extending the due date to July 31st.

Annual Dues: \$25.00

Payable on or before Renewal Date:

Make checks payable to: **DPSOA Auxiliary**

Lifetime Members – please submit this completed form to update your information to address below.

New or Renewal Members – please submit this completed form and \$25.00 to address below. You may also email completed form to dpsoa@gmail.com and request a *digital invoice.

Fallon Garcia
DPSOAA Secretary
4406 E. FM 1585
Slaton, TX 79364

For Internal Use

Received _____

Payment _____

*Card processing fee of \$1.03 will be applied.