



## MEMBERSHIP APPLICATION

Name (First and Last) \_\_\_\_\_

Ranch/Farm Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Website \_\_\_\_\_

County \_\_\_\_\_

### Membership Type

Family (\$55)

Associate (\$20)

Individual (\$35)

**Mail to:**  
TRAA Membership  
P.O. Box 725  
Justin, TX 76247