



TCLA Contribution Form

- Company Name: _____
- Contact Person: _____ Email: _____
- Address: _____ Phone: _____
- **Contribution Opportunities**
 - Please accept my one time donation of \$ _____.
 - Please accept my donation of \$ _____, charged to my credit card in _____ equal (circle one monthly, bimonthly, quarterly) payments of \$ _____.
- **Payment Information**
 - Cash _____
 - Check _____
 - Charge _____ CC# _____
circle one MC VI AMEX DCVR
 - Name on Card _____
 - Expiration Date _____ V Code: _____
 - Billing Address: _____
 - Zip: _____

Please charge the above card for:

Membership Dues \$ _____
 Donation \$ _____
 TOTAL CHARGE \$ _____

New Member Information

Company Name: _____ Contact Person: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ Fax: _____
 Contact Email: _____ Company Website: _____

Membership Dues:

Up to \$3 million	\$199.00
\$3.1-\$10 million	\$299.00
Over \$10 million	\$399.00
Affiliate Members	\$400.00

Please fax form to 713-696-6400 - Attention: Rod Steinbrook

WE WILL FAX OR EMAIL YOU BACK A RECEIPT.