



400 Charlotte Avenue, Suite 100  
Nashville, TN 37219-1608  
Office: (615) 256-8782  
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### APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please define the organization of your agency:  Public  Private  
 Private Non-Profit  Other (please specify): \_\_\_\_\_

Briefly describe your organization's interest in joining TPTA:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form and a check in the amount of \$300 payable to TPTA to the address below:

TPTA  
PO Box 651  
Dunlap, TN 37327

*\*The annual fee may be waived if the applicant is an association willing to provide membership on a reciprocal basis.*