

Texas Department of Public Safety Officers Association Auxiliary

2018 ASSOCIATE MEMBERSHIP

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

Name: _____

Recruited By: _____

Auxiliary District 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: _____

Annual Dues: \$25.00

Payable on or before Renewal Date: March 31st

Lifetime Members – please submit this completed form to update your information to:

Active or Renewal Members – please submit this completed form and \$25.00 to:

Tes Rodriguez
DPSOAA President
907 Wisperwood Dr.
Rockwall, TX 75087

For Internal Use

Received _____

Payment _____