



## TJLA Membership Form

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Please mail this form back along with your \$20 membership fee to:*

Texas Limousin Association

P.O. Box 9621

College Station, TX 77842