



AFFILIATE CHAPTER FORM

Chapter Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Telephone _____

Email Address _____

Please prepare a check to TCRA for \$250.00 Annual Dues and mail to the address below. Individual membership dues are assessed at the rate of 50% per annum and should be paid to the State Board of Directors upon collection by the chapter. Formation of a Chapter allows you to be affiliated with a statewide organization with connections to a national organization dedicated to your industry. All legislative activity will be handled by the State Board of Directors and/or Executive Director on your behalf.

Please submit check for \$250.00 plus dues assessment to TCRA and mail to:

TCRA
96 Riverport Dr
Jackson, TN 38305