

**Texas Department of Public Safety  
Officers Association Auxiliary**

**2010  
ASSOCIATE MEMBERSHIP**

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

Name: \_\_\_\_\_ Recruited by: \_\_\_\_\_

Auxiliary District Representative: \_\_\_\_\_

Region/District: (example- 1A, 2B, 3A, etc.) \_\_\_\_\_

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**Member Contact Information**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Birthday: \_\_\_\_\_

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**Annual Dues: \$25.00**

**Payable on or before Renewal Date: January 1<sup>st</sup>**

**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:

**Laura West  
DPSOAA Treasurer  
PO Box 61033  
San Angelo, TX 76906**

*For Internal Use*

*Received* \_\_\_\_\_

*Payment* \_\_\_\_\_