



**Texas Association of Appraisal Districts Chapter**  
*of the* **International Association of Assessing Officers**

**Membership Application**

*June 1, 2019–May 31, 2020 Membership Period*

IAAO # \_\_\_\_\_

TDLR # \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

IAAO professional designation, if applicable:

*Please check the appropriate box(es) and write the year achieved in the blank.*

CMS \_\_\_\_\_  PPS \_\_\_\_\_  AAS \_\_\_\_\_  RES \_\_\_\_\_  CAE \_\_\_\_\_

Jurisdiction/Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Fax \_\_\_\_\_

Email \_\_\_\_\_

**You must be a member of both TAAD and IAAO to join this chapter.**

TAAD member?  Yes  No

IAAO member?  Yes  No

I hereby apply for membership in the Texas Association of Appraisal Districts Chapter of the International Association of Assessing Officers and agree to comply with the requirements of the IAAO Code of Ethics and Standards of Professional Conduct. If accepted for membership, I will abide by the TAAD IAAO Chapter By Laws, pay the established dues, and comply with the Code and Standards.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Total Membership Dues \$20.00.

Please make checks payable to **TAAD-IAAO Chapter**.

***Return this completed application and dues to:***

TAAD Chapter of IAAO

7700 Chevy Chase Dr, Bldg 1, Ste 425

Austin, Texas 78752-1558

Office use ONLY:

Date: \_\_\_\_\_

Ck #: \_\_\_\_\_

Paid: \_\_\_\_\_

DB: \_\_\_\_\_