



TEXDRA MEMBERSHIP APPLICATION – 2024-2025 (Firms)

Member Information

Date: _____ Firm Name: _____

Primary contact info:

First Name: _____ Last Name: _____

Email Address: _____

Work phone (cell phone preferred): _____

Cell phone (if other than work phone): _____

Primary Address (include street address, city, state, zip): _____

County (important for Directory listing): _____

Mailing Address if different than primary address (include street address, city, state, zip): _____

Choose Your Membership Level

- **Firm Member, \$150 – Must be a current TX CRF in good standing, voting member**
- **Supporting Firm, \$1,500 – Must be a current TX CRF in good standing, lifetime membership, voting member**

Additional Information

Texas CRF # _____ Is your CRF in good standing? Circle one: Yes No

**Once your membership has been accepted, you will receive instructions via email on how to log into and modify your profile. Please review all of the information to make sure everything is correct and up to date.*

Payment Options

Credit card: Amount: _____ Type of card (circle one) AMEX Visa Mastercard Discover

Card #: _____ Exp: _____ CVV: _____

Is the billing address the primary or mailing address? Circle one: Primary Mailing

If not, please provide here: _____

If paying by check, make check out to TEXDRA and mail to PO Box 11416, College Station, TX 77842

THANK YOU FOR SUPPORTING TEXDRA!!