

**MEMBER DUES:**

ASSOCIATE MEMBER PER EMPLOYEE  
\$550.00 - 51 EMPLOYEES AND UP  
\$375.00 - 50 EMPLOYEES AND UNDER

DATE: \_\_\_\_\_

PROPERTY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WEB SITE: \_\_\_\_\_

ASSOCIATE CONTACT : \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ASSOCIATE 2: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDITIONAL CONTACT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DIRECT MAIL TO: \_\_\_\_\_ ASSOC. \_\_\_\_\_ ASSOC1 \_\_\_\_\_ OTHER \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

COMPLETE FORM AND SUBMIT WITH PAYMENT:

\_\_\_\_\_ TOTAL NUMBER OF EMPLOYEES 51 AND UP = \$550.00

\_\_\_\_\_ TOTAL NUMBER OF EMPLOYEES 50 AND UNDER = \$375.00

CREDIT CARD: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ CVC# \_\_\_\_\_

MAIL FORM WITH YOUR CHECK PAYABLE TO "HATC" TO:  
JULIE FAVER-DYLLA - OFFICE: 817-238-3232 FAX: 817-238-3292  
6642 N. RIVERSIDE DR. STE. 600 | FORT WORTH, TX 76137

