

TEXAS CLOWN ASSOCIATION, INC.
Membership/Renewal Application

Name _____

Address _____

City _____ State _____ Zip (+4) _____

County _____ Telephone Number _____

Date of birth _____ email _____

Clown Name & clown type _____

Other clown organizations of which you are a member:

Membership Dues

(Each new member must pay a one-time initiation fee of \$5
in addition to the year Membership Dues)

Regular = \$30 Family (*) = \$20 Junior = \$17.50 (10-15 yrs) Senior = \$20 (over 90)

(*) Each additional family member after the first Regular member

(*) Name of family that is current "Regular" Member _____

Total enclosed (Dues plus \$5, unless renewing) _____

TCA Member who referred you:

Name

TCA #

Mail completed application and fees to:

Texas Clown Association, Inc

P.O. Box 820

Hurst, Texas 76053
