

**LISTSERVE APPLICATION
COUNTY & DISTRICT CLERKS' ASSOCIATION**

PLEASE PRINT CLEARLY.

COUNTY: _____

OFFICE: (Please circle)

COUNTY CLERK

DISTRICT CLERK

COUNTY/DISTRICT CLERK

DEPUTY CLERK (Please provide the office.)

NAME: _____

ADDRESS: _____

OFFICE PHONE NUMBER: _____

OFFICE FAX NUMBER: _____

E-MAIL ADDRESS: _____

I would like to apply for membership to the listserv. I agree to abide by the CDCA listserv rules and regulations.

Signature

Date

DO NOT SEND YOUR APPLICATION TO TAC.

MAIL OR FAX APPLICATION TO: Cathy Stuart
President of CDCA
Victoria County District Clerk
P.O. Box 2238
Victoria, TX 77901
Fax Number: 361.572.5682

DO NOT WRITE IN THIS SPACE:

APPROVAL: _____

SENT TO TAC: _____

TAC FAX NUMBER: 512.478.0519

DATE: _____