



TEXAS DISTRICT COURT ALLIANCE (TDCA)

TDCA PURPOSE: to establish a coalition of district court representatives to provide a means for the education of its members and to participate in the legislative, judicial, and executive processes of state and federal government beneficial in the performance of the members' duties.

2023 MEMBERSHIP/RENEWAL APPLICATION

<p>MEMBERSHIP LIMITED TO DISTRICT CLERKS, COMBINATION CLERKS, DISTRICT JUDGES, DOMESTIC RELATIONS OFFICERS, DISTRICT COURT ADMINISTRATORS OR COORDINATORS AND OFFICIAL DISTRICT COURT REPORTERS ONLY.</p> <p>DEPUTIES ARE NOT ELIGIBLE FOR MEMBERSHIP.</p>	<p style="text-align: center;">DUES ARE PAYABLE ON JANUARY 1ST OF EACH YEAR Membership Dues: \$50.00</p> <p><input checked="" type="checkbox"/> 2023 Dues (1/1/2023-12/31/2023) <small style="color: red;">Dues are payable 30 days after receipt of this invoice. Dues not received within 60 days will be considered delinquent and no longer considered a member of the TDCA and you will be required to pay a non-member rate for the workshop registration.</small></p>
<p>Make check payable to: Texas District Court Alliance (Tax ID. 75-2818957)</p> <p>Mail application and check to:</p> <p>Texas District Court Alliance c/o Sherry Griffis, Treasurer 200 W. Houston St. RM 234 Marshall, TX 75670 Check #:</p>	<p>Credit Card Payments:</p> <p>Email Application to: tdca.treasurer@gmail.com</p> <p><input type="checkbox"/> Bureau/Certified Payment's Consumer Website Bureau#: 5107861 http://www.certifiedpayments.net</p> <p><input type="checkbox"/> IVR System Telephone Number 1-866-549-1010 Confirmation #:</p>

Name: _____

Title: _____

County: _____

Work Phone: _____

Mailing Address: _____

Cell Phone#: _____

City/State/zip code _____

Fax: _____

Email: _____

<p style="color: red;">TDCA Treasurer Use Only: Date Received: _____</p> <p style="color: red;">Application Received: _____</p>
