Texas Association of County Auditors

Membership / Directory Change Form

Fill in all required fields and field(s) requesting change(s).

Effective Date of Change

*County

*County Auditor

CIO ☐ CPA ☐ Other, please specify ☐

Address

City Zip Code

Phone Number Fax Number

E-Mail

Date of Initial Appointment Birth Month / Day

First Assistant

First Assistant E-Mail

Number of Assistants

Professional Memberships

Spouse Name

Home Address

City Zip Code

Home Phone Number

Assistant Auditor Changes:

From: **To:**

From: **To:**

From: **To:**

Use Internet Explorer to submit form electronically, click Email button: **Email**

To mail form, click Print button and mail to: **Print**

***S*usan Yeatts,** TACA Membership Committee Chair
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