



PUEBLO TAX ADMINISTRATORS COALITION

Membership Registration Form

Official Name of Organization: _____

Contact Name and Title: _____

Address: _____

Phone: _____

E-mail: _____

Date: _____

Payment: \$500 Annual Membership

_____ I have enclosed a check made out to "PTAC".

(Invoice will be issued annually after initial membership is paid)

Please send form and payment to: PTAC

c/o Brittany Shutiva, Secretary/Treasurer

P.O. Box 309

Acoma, NM 87034

