Texas Parks & Wildlife Mutual Association

Membership Application

Date: ______________________ 20 ______ Membership # _____

I hereby apply for membership in the Texas Parks and Wildlife Mutual Association and agree that I will abide by the Constitution and By-Laws of this Association.

Name: ____
(First) (Middle) (Last)

Age: ______________ *Social Security Number: ______ --- ______ --- ______

Division: ______________ Type of Membership ◯ Employee ◯ Spouse

If Spouse Enter Employee's Name

Address: ____

City: ______________________ State: ______ Zip: ______

Telephone No.: ( ) - ______________ E-Mail: ______________

Born: ____
(Date) (City) (State)

* *

Name of Beneficiary: ____
(First) (Middle) (Last)

Age: ______________ *Social Security Number ______ --- ______ --- ______

Address: ____

City: ______________________ State: ______ Zip: ______

Telephone No.: ( ) - ______________ E-Mail: ______________

Relationship: ____

Enclosed is $40.00 in payment for my initial membership fee. I understand that no further assessments will be made unless due to the death of a member. I also agree to pay $20.00 for each subsequent death of a member (when called for by the Association) of which $1.00 will be used to defray the expense of this Association; and further agree that should I cancel my membership in the TP&W Mutual Association, such funds as already paid into this Association will revert to the Association, and I will have no claim whatsoever on same.

I agree to pay all assessments, calls, and dues within 30 days of due date, and understand that failure to pay all dues on time shall forfeit all claims as a member of this Association.

It is further agreed that in the event of my death at such time as I am in good standing, the Association will pay my beneficiary or my estate the death benefit, subject to the Constitution and By-Laws of the Association.

I hereby certify that I am presently in good health and have no knowledge of any terminal illness, which would require a doctor's certificate of examination in order to qualify for this insurance.

NOTICE: The Board of Directors may require evidence of insurability if it elects to do so.

- Social Security Number is required by the Attorney General's Office to participate in this program.

Signed ____

Mail completed form and $40 initial membership fee to **Texas Parks and Wildlife Mutual Association, P.O. Box 549, Del Valle, TX 78617** (512-923-8656, 512-389-8820 or 512-389-4768). Send personal check, cashiers check or money order to **"Texas Parks and Wildlife Mutual Association."** Do not send cash.