



**RETURN THE COMPLETED MEMBERSHIP APPLICATION TO:
TAPPS SECRETARY
P.O. BOX 331556 MURFREESBORO, TN 37133
EMAIL SCANNED COPY TO: SECRETARY@TNTAPPS.ORG**

*membership will not be complete until fee is received

Membership Type: (Check one) New: Renewal:

Name: _____

Company Affiliation: _____

Address: _____

Telephone: _____

Facsimile: _____

Cellular Telephone: _____

Email Address: _____

Please list cities/counties where you will serve process.

Have you ever been convicted of a felony? yes no

Please explain: _____

*I affirm that all information provided on this application is accurate and truthful.

Please sign here: _____

Membership fees for TAPPS are \$75.00 per year, checks payable to TAPPS