



*Texas Association of Collegiate Veteran Program Officials*

March 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> 2013

Corpus Christi, TX 78401

TACVPO Tax Payer ID# 75-1511644

## **Institution Membership Form**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

VA Certifying Official: \_\_\_\_\_

**Institution Membership Fee..... \$50.00**

\* It is only necessary to complete one form and fee per institution.

**Please make check payable to TACVPO and mail to:**

**TACVPO**

**Attn: Annabelle Smith**

**Central Texas College**

**Offices of Student Financial Aid/Veteran Services**

**P.O. Box 1800**

**Killeen, TX 76540-1800**

**If you have any questions, please write or call:**

**1-800-792-3348 Ext. 1205 or Fax (254) 526-1480**

