



# TEXAS ANIMAL NUTRITION COUNCIL

Please return form to:  
**TANC**  
1800 S Oak St Ste 100  
Champaign, IL 61820-6974  
Fax: (217) 398-4119  
Email: tanc@assoqh.org

## New Membership Application

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY/INSTITUTION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

*All contact information will be printed in the Texas Animal Nutrition Council directory in the Mid-South Ruminant Nutrition Conference's proceedings and on the TANC website, unless specified not to publish.*

**Degrees** please list the university/institution from which the degree was conferred:

**B.S.** \_\_\_\_\_ **M.S.** \_\_\_\_\_

**Ph.D.** \_\_\_\_\_ **D.V.M.** \_\_\_\_\_

### Position Category

**Nutrition Consultant** \_\_\_\_\_ **Industry Representative** \_\_\_\_\_ **Veterinarian** \_\_\_\_\_

**Feed Company Consultant** \_\_\_\_\_ **Feed Company Representative** \_\_\_\_\_ **Extension** \_\_\_\_\_

**Other (Please specify):** \_\_\_\_\_

### Payment Options

TANC Annual Membership Dues: \$75.00

1. Join **Online** at <https://www.txanc.org/renew> by credit card.
2. Submit this form with credit card information by **FAX** (217) 398-4119 or **EMAIL** [tanc@assoqh.org](mailto:tanc@assoqh.org).
3. Submit this form with a check by **MAIL** to the address above.

### Payment Method

**PAYMENT MUST BE IN US DOLLARS AND DRAWN ON A US BANK WITH A CHECK, MONEY ORDER, OR CREDIT CARD**

\_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Card Number \_\_\_\_\_ Expiration Date (Mo/Year) \_\_\_\_\_

Name as appears on card (print) \_\_\_\_\_ CVV \_\_\_\_\_

Card Billing Address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_