



Texas Distilled Spirits Association

Trade Association Membership Application

Trade Membership

Association Name: _____

Industry the Association Represents: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Name of Main Contact: _____

Title of Main Contact: _____

Office Phone: _____ Cell: _____

Email: _____ Fax: _____

Name of Alternative Contact for Association: _____

Email: _____ *Phone:* _____

SIGNATURE OF MAIN CONTACT

DATE

Please return completed forms via email or mail and send payment payable to:

Texas Distilled Spirits Association

c/o Treaty Oak Distilling

16604 Fitzhugh Rd

Dripping Springs, TX 78620

info@TexasDistilledSpirits.org