



Membership Representative Registration Form

Thank you for submitting this information. Please return this form to Zach Turner at ZTurner@Dean.net.

Entity/Organization: _____

Representative: _____

Title: _____

Best Email: _____

Cell Phone: _____

Assistant: _____

Assistant Email: _____

Assistant Phone: _____

Optional: You may designate up to two individuals from your organization/entity to serve as alternate representatives.

Alternate #1: _____

Title: _____

Email: _____

Cell phone: _____

Alternate #2: _____

Title: _____

Email: _____

Cell phone: _____

By submitting this form, you and any others listed on this form consent to receiving electronic communications from TEX-21 and its consultants.