



TAC Communications Contact Information Form

Individual's Name: _____ Individual's DOB: _____

Primary Contact: Guardian

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Secondary Contact: Guardian

If you would like an additional person to receive mass communications from TAC (i.e. newsletters, email blasts, etc.)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please update us as soon as there are any changes to the information provided above. This form is available at www.tacind.com under Resources and can be filled out and returned to us any time a change needs made. Thank you for helping us to communicate with you!