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!