

2007-2008 VATAT Insurance Enrollment Form

Attention: Karen Grumbles
VATAT Insurance
614 East 12th Street
Austin, TX 78701
(512) 472-3128



Please **PRINT** (Using ink) or **TYPE**. Complete **ALL** information to help us better serve you.

ATTE is a member of TCTC and as such ATTE has opted to offer professional liability insurance to our members via TCTC/VATAT. This is the same insurance company we have been using, but it will save our members financially. The cost will now be \$28.00 versus our past cost of \$35.00, a saving of \$7.00. The only requirement is that you **MUST** be a member of ATTE. Our data manager will submit a current list of our LIFE members and our treasurer will submit a list of paid members weekly to Karen Grumbles weekly via email as they are processed. If you have any questions, please contact Karen at (512) 472-3128 or email at karen@vatat.org.

Personal/Contact Information

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (____) _____ - _____ E-Mail: _____

I am currently an ATTE: (Please mark which type you are)

- Active Member
 Life Member
 Retired Active Member
 Associate/Vendor Member
 Student Member

I have elected to get my professional liability insurance through VATAT for \$28.00.

TOTAL Due to VATAT

\$28.00

Directions for Processing

1. Make checks payable to: **VATAT**
2. Make a copy for your own records.
3. Send payment to:

Karen Grumbles
VATAT – Insurances
614 East 12th Street
Austin, TX 78701

NOTICE: VATAT cannot be responsible for membership, which does not reach our office. If you have not received confirmation of your insurance within 60 days, please call (512) 472-3128.

For office use only:

Post Mark Date _____ Date Received _____ Check # _____

Membership Affective Verification from list Date _____ Verifier Initials _____

Date Application Processed _____ Processor Signature _____

Notes: _____