

Organization Letterhead

Address 1
Address 2
Phone: {phone number} Fax: [Your Fax]
E-Mail: {email address}
Web: [Web Address]

[Insert Date]

To: TAGPMA Chair

[Address 1]

[Address 2]

[Address 3]

MEMBERSHIP RENEWAL APPLICATION

Dear TAGPMA Chair:

On behalf of the {Organization}, I would like to renew our membership in the TAGPMA and reaffirm {Organization's} commitment to the activities of the TAGPMA. {Organization} has been a TAGPMA member in good standing since {Date}. Our TAGPMA representative is:

Representative: {Name}

Contact Information: {email; phone; address if different from above}

We understand the need for continued commitment and participation in the TAGPMA organization upon accreditation. This individual will attend TAGPMA meetings and participate in ongoing TAGPMA efforts (profile development/review, accreditation review process and overall TAGPMA advancement) and other responsibilities as outlined in the TAGPMA Charter.

Sincerely yours,

Signature of Responsible Party

[Your Title]