

Rural Community Program Membership Application

Please complete the appropriate information related to your type of application.

CERTIFIED MEMBER (specify type)

Please check only one membership category

- City
 Non-Metropolitan County

ASSOCIATE MEMBER (specify type)

Please check only one membership category

- Chamber of Commerce
 Economic Development Corporation
 Council of Government
 Convention and Visitors Bureau
 Sole Proprietor
 Partnership
 Cooperative Organization
 Corporation
 Individual
 Organization
 Association
 Other _____

APPLICANT INFORMATION

Full Community or Legal Business Name (owner's name if sole proprietor – no aliases)

D.B.A. (if applicable)

Web Site Address

It is required that at least one type of identification number be provided. Comptroller Taxpayer ID is preferred. (specify type)

- Comptroller Taxpayer ID No.
 Federal Taxpayer ID No.
 Texas Driver's License No. (individuals only)

Is this a temporary ID? Yes No

RESPONSIBLE OFFICIAL, OFFICER, PARTNER, MANAGER OR OWNER

Please list the full legal name (no aliases or nicknames) of the primary person responsible for the applying entity. For a city/county/council of government: the mayor or county judge; for a civic organization, chamber of commerce, community development corporation or economic development corporation: the executive director; for a limited liability company: the president or CEO; for a limited or general partnership: the managing partner or general manager; for a sole proprietorship: the owner; for any other type of business: the general manager.

- Mr. Mrs. Ms. Other _____

First Name M.I. Last Name

Title

Address

City State Zip

Phone E-mail

PERSON TO CONTACT FOR GO TEXAN RURAL COMMUNITY PROGRAM-RELATED MATTERS

Same as Responsible Official

- Mr. Mrs. Ms. Other _____

First Name M.I. Last Name

Title

Address

City State Zip

Primary Phone Secondary Phone (optional)

Fax (optional) E-mail

APPLICANT PHYSICAL ADDRESS

Please provide a physical address – not a P.O. Box – for the applying entity.

Physical Address

City State Zip

County

APPLICATION SIGNATURE

Application MUST be signed

The applicant, by and through their personal or agent's signature below, (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; and (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.

Signature of Authorized Person

Printed Name of Authorized Person

Title of Authorized Person

Date

COMPLETE MEMBER INFORMATION ON BACK

Rural Community Program Membership Application

CERTIFIED MEMBER INFORMATION

City or Non-Metropolitan County

1. COMMUNITY DETAIL

Complete the following information. Please attach a separate page if necessary.

Population and Demography Detail

Major Employers

Major Highways

Continuing Education

Recreational Areas and Facilities

Desirable Geographic Characteristics (e.g. lake, park, river, hills, etc.)

2. COMMUNITY DEVELOPMENT

Please attach a description on a separate page of your community's past and current activities and projects, as well as your mission and future goals as they relate to the items listed below. If a category does not apply, please indicate by placing an "N/A" in the space provided.

- a. Community Development and Improvement _____
- b. Economic Development _____
- c. Tourism _____
- d. Cultural or Historical Heritage Preservation _____

3. STRATEGIC PLANNING

Please describe your strategic plan as it relates to the items listed in 2a - 2d. Attach a separate page if necessary.

4. INFORMATION ON RECENT OR PLANNED ACTIVITY, EVENT, FESTIVAL OR PROJECT

Please give information on how this will help or has helped you achieve your mission and goals listed. Be specific.

ASSOCIATE MEMBER INFORMATION

Chambers of Commerce, Economic Development Corporations, Councils of Government, Convention and Visitors Bureaus, Sole Proprietors, Partnerships, Corporations, Cooperative Organizations, Organizations, Associations and Individuals

Rural Community Supporting:

1. SOLE PROPRIETOR, PARTNERSHIP, COOPERATIVE ORGANIZATION OR CORPORATION

- a. Is your principal place of business in Texas? Yes No
- b. If yes, do you have a location in:
 - A non-metropolitan county
 - An unincorporated area
 - A Texas city with a population of less than 20,000 whose city limits do not adjoin another city or group of cities' city-limit boundaries with an aggregate population of 50,000 or more



GO TEXAN.

Rural Community Program

For more information, visit our Web site at www.gotexan.org or call (877) 99GO-TEX

For the hearing impaired: Voice (800) 735-2988/TTY (800) 735-2989

TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER TODD STAPLES

P.O. Box 12847, AUSTIN, TX 78711

APPLICATION CHECKLIST

Please be sure to include the following items with your application.

- Completed Applicant Information
- Applicant Signature
- Certified Members
 - Community Detail
 - Community Development Information
 - Strategic Planning
 - Activity, Event or Project Information
- Associate Members
 - Complete Requested Information