



FTAA Membership Application



Information provided in this application is for FTAA only

Please inform us if information listed on your application changes

Please feel free to skip those questions you prefer not to answer (all underlined questions must be answered)

First & Last Name: _____ Apt/Suite#: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Fax #: _____

Cell phone # : _____ Work#: _____

E-mail: _____

Occupation: _____ Company name: _____

Do you own or partner in the company you listed above (circle one): Yes No N/A

Would you work in FTAA committees/can we contact you (circle one): Yes No Undecided

Spouse Name: _____ Children's Names/Ages: _____

Spouse E-mail: _____ Spouse Cell #: _____

Would your spouse work in FTAA committees/can we contact her/him(circle one): Yes No Undecided

Do you reside in South Florida (circle one): Year-Around Winter-Season Just-Visiting

How long have you lived in South Florida: _____ How long have you been in the US?: _____

Have you ever been a member of an illegal organization in USA or in Turkey (circle one): Yes No

MembershipType (circle one below)		Membership fees (circle one below)	
		Renewal	New Member
		Family (1 year): \$60	Family (3 years): \$150
		Student (1 year): \$10	Student (3 years): \$25

Membership fee paid: \$ _____, Donation: \$ _____, Total enclosed: \$ _____

Payment method (circle one): Cash, Check (and check # if paid with a check: _____)

The information I provided on this application is true and correct.

Signature: _____ Date: _____

Please make your check payable to FTAA (please do not mail cash) and mail your check/application to:

FTAA, 3020 NE 32nd Avenue, Suite 123, Fort Lauderdale, Florida 33308

FTAA is a non-profit [501 (c) (3)] organization and your membership fees/donations are tax deductible! R20090124