



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 starred questions must be answered)

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

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

email: contact@ftaa.com

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

(*) First & Last Name: _____

(*) Mailing address: _____

(*) Apt/Suite#: _____

(*) 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?: _____

(*) Provide two FTAA member's names as reference;

Name: _____ Tel: _____

Name: _____ Tel: _____

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

MEMBERSHIP FEE: Membership Type (circle one) Renewal New member

Membership fees (circle one below)

Single (1 year): \$60 Single (3 years): \$125

Family (1 year): \$100 Family (3 years): \$250

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), PayPal. Check No: _____

Note: If method of payment is by PayPal, the convenience fee is %3 (min. \$5). Please add this to your amount, shown below.

Not: Komisyon %3 (min. \$5) olup, işlemin geçerli olması için aşağıdaki tutara tarafınızdan ilave edilmesi gerekmektedir.

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

All information I provided above is true and correct. I understand that my membership will be voided, in case of any wrongful information.

(*) Signature: _____ (*) Date: _____

Office use: