



FTAA Membership Form

Information provided in this application is for FTAA only.

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

Please inform us if the information listed on your application changes. Email: canan.ftaa@google.com All starred questions are required.

***First & Last Name:** _____

***Mailing Address:** _____

***Apt/Suite#:** _____ ***City:** _____ ***State:** _____ ***Zip:** _____

Cell Phone #: _____ Home Phone #: _____

***E-mail:** _____

Company Name: _____ Company Website: _____

Spouse Name: _____ Spouse Email: _____

***Provide Two FTAA Members' Names as References:**

_____ ***Phone #:** _____

_____ ***Phone #:** _____

Be a Volunteer: Yes No Undecided

***Membership Type** (circle one) **Renewal** **New member**

***Membership Fees** (circle one) 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:** \$ _____, **Donation:** \$ _____, **Total Enclosed:** \$ _____

***Payment Method** (circle one): **Cash Check** (#: _____) **Zelle** (Zelle using canan.ftaa@gmail.com)

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

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:** _____

FTAA | Florida Turkish American Association

Office use Only _____