



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 #: _____

*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 _____