



ASSEMBLY OF TURKISH AMERICAN ASSOCIATIONS

COMPONENT MEMBERSHIP APPLICATION FORM

Contact Information

Name of the Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ Website: _____

Current President: _____

President's Phone: _____ President's E-mail: _____

Number of Current Members in good standing: _____

Please check all that apply:

- ☐ We have submitted our articles of Incorporation of the association.
- ☐ We have submitted our Bylaws of the association.
- ☐ We have submitted our copy of the current approved annual budget.
- ☐ We have submitted our brief summary of past twelve months' activities.
- ☐ We have submitted our list of current members in good standing *.
(*members who have paid their dues in the last 12 months.)
- ☐ We have submitted our board members' contact information.

Payment Information

☐ Check Enclosed (*payable to ATAA*) Check Number: _____

Charge my ☐ VISA ☐ MASTERCARD ☐ AMEX

Card Number : _____ Expiration Date: (MM/YY)____/____ CSC: _____

Name as it appears on the card (*please print*): _____

Signature: _____ Date: _____

Mail your form and payment to: ATAA, 6003 Tower Ct., Alexandria, VA 22304
or fax your form and credit card information to: 202.483.9092

For membership details and online registration, please visit www.ataa.org/membership

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DATE RECEIVED

APPROVAL#

REC#