



ASSEMBLY OF TURKISH AMERICAN ASSOCIATIONS

Component Association Membership Form

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.

Years (s): Amount:

Check Enclosed (payable to ATAA) Check Number:

Charge my VISA MASTERCARD

Card Number: Expiration Date: (MM/YY) /

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

Signature : Date:

Mail your form and payment to:
ATAA , PO Box 65782, Washington, DC 20035
or fax your form and credit card information to: (202) 483-9092.

FOR OFFICIAL USE ONLY

DATE RECEIVED

APPROVAL#

REC#