

Household Information

FAMILY LAST NAME		HOME PHONE
STREET ADDRESS		
CITY	STATE / PROVINCE	ZIP / POSTAL CODE

Member Information

	MEMBER NAMES FIRST, LAST (if different)	RELATIONSHIP				SEX		BIRTH DATE MM/DD/YYYY (Optional)	E-MAIL ADDRESS
		SELF	SPOUSE	CHILD	OTHER	M	F		
1	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
2	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
3	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
4	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
5	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____

Membership Payment and Donation Information

I am enclosing a check for my membership dues for this calendar year. Your membership will begin after payment is processed and last until the end of the calendar year. Please make checks payable to TACAM and mail to: TACAM Membership, PO Box 3445, Farmington Hills, MI, 48333-3445.

- \$150.00** Family (including children under 18) \$ _____ . ____
- \$75.00 Single Adult** > (QTY. _____ × \$75.00) > \$ _____ . ____
- \$25.00 Full-Time Student** (18 and over) > (QTY. _____ × \$25.00) > \$ _____ . ____
- I am enclosing an optional donation for the **Turkish School** for > \$ _____ . ____
- I am enclosing an optional donation for the **Building renovation project** for > \$ _____ . ____
- I am enclosing an optional donation for the **Anatolian Voice** (newsletter) for > \$ _____ . ____
- I am enclosing an optional donation to **TACAM** for > \$ _____ . ____
- TOTAL ENCLOSED** \$ _____ . ____

Check this circle to keep your information private from other Turkish organizations

SIGNATURE _____ DATE SUBMITTED _____

FOR INTERNAL USE ONLY - DO NOT WRITE IN THIS SPACE

MEMBER # _____ CHECK # _____ MEMBER SINCE _____ DATE POSTED & INITIALS _____