

F.T.A. CHAPTER RENEWAL APPLICATION

State: Chapter #:

Chapter name: _____

Hereby applies renewal of their charter for 2017. We agree to be governed by the Articles of Incorporation and By-Laws of Fur Takers of America. We agree to support FTA objectives with our effort, influence, and funds.

President _____

Address _____

City, State, ZIP _____

Phone & E-Mail (if available) _____

Vice-President _____

Address _____

City, State, ZIP _____

Phone & E-Mail (if available) _____

Secretary _____

Address _____

City, State, ZIP _____

Phone & E-Mail (if available) _____

Treasurer _____

Address _____

City, State, ZIP _____

Phone & E-Mail (if available) _____

National Council Representative _____

(This person will be attending convention and will be given voting rights for your chapter.)

Address _____

City, State, ZIP _____

Phone & E-Mail (if available) _____

Primary Point of Contact (name for magazine/website) _____

Address _____

City, State, ZIP _____

Phone & E-Mail (if available) _____