

FUR TAKERS OF AMERICA, INC.

State: _____
Name of Organization: _____

Hereby agrees to affiliate with Fur Takers of America, Inc. We agree to support FTA objectives with our effort, influence, and funds.

We currently have _____ members in good standing.

We have enclosed our check made out to **Fur Takers of America** in the amount of \$_____.

Please calculate amount due with following guidelines. 10 cents per member or \$100, *whichever is greater*.

Names of current officers and their addresses are:

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 your representative at the convention)

Name _____

Address _____

City, State, ZIP _____

Phone & E-Mail (if available) _____

Contact Name to be put in Fur Taker Magazine/FTA Website

Name _____

Address _____

City, State, ZIP _____

Phone & E-Mail (if available) _____

Return to:
Patty Lowe
PO Box 156
Taylorsville, IN
47280