



TURKISH AMERICAN CULTURAL ASSOCIATION OF GEORGIA

TACAGA MEMBERSHIP FORM

Please find enclosed my TAX DEDUCTABLE donation for my (family's) annual membership due.

Payment Amount

- \$15 for Student Membership
- \$40 for Single Membership
- \$60 for Family Membership
- \$250 for Silver Membership *
- \$500 for Gold Membership *
- \$1000 for Platinum Membership *

Payment Type

- Cash
- Check

Date: __/__/__

**Silver, Gold & Platinum members will receive special recognition in a TACA Newsletter*

First and Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (h): _____ **Occupation:** _____

Phone (w): _____ **Company/School:** _____

Fax: _____

E-mail: _____

Please send your membership form with the payment to:

TACA-GA P.O. Box: 190013, Atlanta GA 31119

E-mail: info@tacaga.org

<http://www.tacaga.org>

Thank you for your participation.