

Annual Events

April 23

National Sovereignty and Children's Day.

May 19

Commemoration of Ataturk Youth and Sports Day.

July 04

Independence Day (United States)

August 30

Victory Day

October 29

Turkish Republic Day

October 27-30

S.W.I.F.F.S. Folk Fair

November 10

Ataturk Memorial Day

November 24

Thanksgiving Day

December 31

New Year's Eve

Suggestion Box

T.A.C.A.F.
PO. BOX 4816
TAMPA, FL 33677
Address Correction Required

TURKISH AMERICAN CULTURAL ASSOCIATION OF FLORIDA



MEMBERSHIP APPLICATION FORM



Our mission is to promote the Turkish Culture within the United States. Its membership is open to anyone wanting to join. To promote the Turkish Culture, the TACAF board plans and participates in several activities throughout the Year.

Email: Membership@Tacaf.org

Web site: www.Tacaf.org

T.A.C.A.F. Membership Enrollment Application

DATE: _____

General Membership Annual Dues: Remittance payable to "T.A.C.A.F."

_____ Each Adult \$25 _____ Students (No Dues.) _____ Seniors 65+ (No Dues)
 (Please provide copy of Student ID)

Charitable Contribution for T.A.C.A.F. Ethnic, Cultural, Public Relations and Community Service Programs:

\$ _____ Reserve for Turkish Center Project \$ _____ Cultural Activities

\$ _____ Cemetery Funds \$ _____ Other (Please Specify) _____

Please list a member in good standing to Sponsor your Application: _____
If you do not have a Sponsor you may leave this line blank and a membership committee member will be your sponsor.

Member Name (___Ms. ___Mr. ___Mrs.) _____ DOB: _____

Business Name _____ Type of Business _____

Spouse Name: (___Ms. ___Mr. ___Mrs.) _____ DOB: _____

Business Name _____ Type of Business _____

SIGNATURE: _____ SIGNATURE: _____

*List name(s) of dependent children living in household:

Child _____ Male _____ Female _____ Date of Birth _____

Child _____ Male _____ Female _____ Date of Birth _____

Child _____ Male _____ Female _____ Date of Birth _____

• Physical Home Address: _____

Mailing Address or Business Address: _____

Home Number (____) _____ Cell Number (____) _____ Business Number (____) _____

Email (Please Print) _____

Employer or Occupation _____ If Student, Name of School _____

• Asking physical address to help us determine the best location for Turkish Center and future activities.

Total Amount: \$ _____

Method of Payment	
<input type="checkbox"/> Check	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Credit Card No. _____	Expire Date _____
Signature _____	

I Would like to assist T.A.C.A.F. by serving on the following event committees:	
_____ April 23	_____ May 19
_____ July 4	_____ August 30
_____ October 29	_____ October 27-30
_____ November 10	_____ November 24
_____ December 31	

<p>Mail Completed Application and remittance to:</p> <p>T.A.C.A.F. P.O. BOX 4816 TAMPA, FL 33677</p> <p>WWW.Tacaf.org Membership@Tacaf.org</p>
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