

FTAD MEMBER REGISTRATION FORM

Name: _____

Joint with: _____

Address: _____

City: _____ State: _____ Zip Codes _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

E-mails: _____

Please choose the membership you wish:

	Number	Type of membership		Cost/year		Total Cost
		Regular		\$90.00		
		Charter		\$350.00		
		Organizational (Please call 570-775-9244)				

Advocate Members – Advocates show their support for the mission of FTAD by donating \$15 or more to help offset operating expenses. Advocates have access to the secure project websites and will receive periodic e-mails soliciting ideas. The advocate membership is not an annual item. **Donation amount of \$ _____ is enclosed.**

An additional; contribution of \$ _____ is enclosed for the project specified. (Please circle)

Healthcare	Energy Policy	Education	General Fund
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Please send this form with your check to: FTAD, PO Box 402, Hawley, PA 18428.

Send an invoice _____