



MEMBERSHIP APPLICATION

Primary Contact

First Name: _____ M.I.: _____ Last Name: _____

Title: _____ Company: _____

Address: _____ City: _____ ST _____ Zip _____

Country: _____ Phone: _____ Fax: _____

E-Mail: _____ Website: _____

Membership Level *(Full member benefits become active upon receipt of membership payment)*

Please mark membership level:

- | | | |
|--|--|---|
| <input type="checkbox"/> Global Partner (\$50,000) | <input type="checkbox"/> Patron (\$2,500) | <input type="checkbox"/> Corporate (\$500) |
| <input type="checkbox"/> Ambassador (\$25,000) | <input type="checkbox"/> Sponsor (\$1,250) | <input type="checkbox"/> Individual (\$150) |
| <input type="checkbox"/> Signature (\$10,000) | <input type="checkbox"/> Diplomat (\$750) | <input type="checkbox"/> Student (\$25) |
| <input type="checkbox"/> Benefactor (\$5,000) | | |

Volunteer Involvement

Sign up to become a member of one of the Alliance's volunteer committees:

- | | |
|---|---|
| <input type="checkbox"/> Supply Chain Council | <input type="checkbox"/> Investment & Trade Committee |
| <input type="checkbox"/> Education Outreach Committee | <input type="checkbox"/> Advocacy Committee |

Geographic Interests

Please mark the region(s) in which you are **currently and/or interested** in conducting business:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Central America | <input type="checkbox"/> Asia/Pacific | <input type="checkbox"/> Africa |
| <input type="checkbox"/> South America | <input type="checkbox"/> Mexico | <input type="checkbox"/> Middle East |
| <input type="checkbox"/> Europe | <input type="checkbox"/> Canada | <input type="checkbox"/> Other _____ |

Please describe your product(s) or service(s) for the membership directory:

Payment Instructions *(Credit card numbers and payment information are NOT kept on file)*

- Check – Send completed application and check made payable to Free Trade Alliance San Antonio to 203 S. St. Mary's St., Suite 130, San Antonio, TX 78205.
- Credit Card – Send completed application and credit card authorization form to fax number: (210) 229-9724.

Type of Credit Card: _____ Credit Card Number: _____ Expiration Date: _____

CVC #: _____ Amount Paid: \$ _____ Authorization Signature: _____

For further information about membership opportunities:

Please contact the Alliance by phone at (210) 229-9036 or email at csutton@freetradealliance.org

For Internal Use Only

Accounting: Copy of Application & Contact Sheet Invoice Payment Received End Date/ Memorized Trans.
Membership: Directory Listing New Member Letter Permanent File Member Info Sheet Member Follow-up