



## MEMBERSHIP APPLICATION

### Primary Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
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:

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### 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 [mflores@freetradealliance.org](mailto:mflores@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