

NEW MEMBER APPLICATION

Name _____

Title _____

Company Name _____

FTZ # _____ Industry: Auto, Electronics, Chem., Machinery, Medical Devices, Metals, Petroleum, Retail, Other

Street Address _____

City, State, Zip, Country _____

Email _____

Phone _____ Fax _____

Website URL _____

Referred by _____

MEMBERSHIP CATEGORY – Designates annual dues (Check the box the most accurately describes your role in the FTZ Program). *Each individual must hold a membership in order to receive NAFTZ meeting registration discounts. Membership is effective January 1- December 31 of each year.*

Grantee - \$1250

A public or private entity to which the FTZ Board has granted the establishment, operations, and maintenance of an FTZ.

Operator/User - \$1550

A corporation, partnership, or person processing or pursuing approval to process its own merchandise though a zone or subzone, or who's merchandise is processed by a third party through a public warehouse zone.

Service Provider - \$1700

Attorney, accountant, administrator, forwarder, software provider, surety, broker, 3PL, operating service provider

Startup or Inactive Membership - \$700

Grantee of Inactive Zone Operator of Inactive Zone Zone/Subzone Applicant
 Inactive subzone Startup

Affiliate Membership - \$250 (Nonvoting)

Academic International Library Local/State (Not a Grantee)

Associate Membership - \$500 (Nonvoting)

Trade Association

Additional Member - \$350

Additional member to an existing Designated Voting Membership

Designated Voting Member Name _____

PAYMENT INFORMATION:

Check VISA MasterCard American Express

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

Security Code _____

Signature _____

Date _____