

National Association of Foreign-Trade Zones
National Press Building
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2017 NEW MEMBER APPLICATION

Name: _____
Title: _____
Organization Name: _____
FTZ #: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Website: _____
Referred by (Please provide name/organization): _____

Membership Category – Designates annual dues

(Check the box the most accurately describes your role in the FTZ Program)

Grantee - \$1250

Designated grantee of an Active Zone

Operator / User - \$1550

A private company that operates a zone or subzone, or benefits from the use of FTZ procedures

Consultant / Service Provider - \$1700

Attorney, accountant, administrator, software provider, surety, broker, forwarder, etc.

Startup or Inactive Membership - \$700

Zone/Subzone Applicant Grantee of Inactive Zone Startup
 Operators of inactive zone Inactive subzone

Educational Membership - \$250

State/Local Federal Government Library
 Government not associated with FTZ International Civic

Additional Member - \$350

Additional member to an existing Designated Voting Membership

Designated Voting Member Name: _____

Note: Each individual must hold a membership in order to receive NAFTAZ meeting registration discounts. Membership is effective January 1- December 31 of each year.

Payment Method:

Check VISA MC AMEX

Card #: _____ Exp. / _____ Security Code (Required): _____

Name: _____

Signature: _____