National Association of Foreign-Trade Zones
National Press Building
529 14th Street NW, Suite 1071 • Washington, DC 20045
Phone: 202-331-1950 • Fax: 202-331-1994
Email: Kwells@naftz.org • Web: www.naftz.org

NAFTZ
PARTNERSHIP. PRIDE. PROSPERITY.

NEW MEMBER APPLICATION

Name _____

Title _____

Company Name _____

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

FTZ Type: Distribution, Machinery/Equipment, Manufacturing, Petroleum, Pharmaceutical, Other, Not Applicable

Full Address _____

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 pursing 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.

3FP – Third-Party Fulfillment Provider - $1700
☐ Zone Operator of Record, or Subcontracted for Zone Operations. **Supporting documents required.**

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 ☐ 3FP

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 _____ Security Code _____

Card Expiration Date _____ Signature & Date _____

PARTNERSHIP. PRIDE. PROSPERITY