



BEŞİKTAŞ USA

Amerika Beşiktaşlılar Derneği

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Sunnyside, NY, 11104, USA
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MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	e-mail:
Current address:		
City:	State:	ZIP Code:
Occupation:		

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

REFERENCES

Name of person, webpage, social media	Phone
1.	
2.	

PAYMENT

Annually membership fee \$100.00

Cash Check Credit/Debit Card Money Order Paypal

SIGNATURES

I confirm that all the information provided on this form is true and correct to the best of my knowledge. Should the information and additional documents supporting such information be fake or false, I accept that my membership enrolment or my application will be deemed invalid.

Signature of applicant:	Date:
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BESIKTAS USA (FOR OFFICIAL USE ONLY)

I confirm that the candidate information has correctly entered to the membership system and candidate paid the membership dues.

Name of Board Member:	Member ID:
Signature of Board Member:	Date: