



# American-Turkish Association of North Carolina

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## Registration for Turkish Classes

Class:	
Start Date:	
Name:	
E-mail Address:	
Phone Number:	
Address:	

Are you an ATA-NC member?  Yes  No

Have you studied Turkish before?  Yes  No

If Yes, please list below the books and the materials you have studied:

What is your motivation for learning Turkish?

Any comments you would like the instructor to know?

Signature:

Date:

Payment Status (For Official Use Only):