



# MEMBERSHIP FORM

Application / renewal

## Individual / Family membership

- Individual Regular – \$35/year
- Individual Senior (65+) – \$30/year
- Family\* – \$45/year
- Lifetime Regular – \$850
- Lifetime Senior (65+) – \$600
- Spousal Lifetime – \$1275
- Spousal Lifetime Senior (65+) – \$900

Is this a renewal?  Yes  No  
 please renew my membership automatically  
*(payment will be processed using credit card info provided below)*

\*Family Membership consists of two adults and any individuals under the age of 18.

## Business membership

- Business – \$60/year  This is a renewal

## NFA Liability Insurance (optional)

- \$9.95/ person covered/year (\$5 million coverage)  
 \_\_\_\_\_ people covered x \$9.95 = \$ \_\_\_\_\_
- Enclosed is a list of individuals covered (if applicable)

## Donation (optional)

Yes! I/we would like to make a donation to the NFA in the amount of: \$ \_\_\_\_\_  
 one-time donation  monthly donation ( I consent to this amount being charged to my credit card every month until \_\_\_\_\_ MONTH \_\_\_\_\_ / YEAR \_\_\_\_\_ )

## Payment Information

Total Payment: \$ \_\_\_\_\_  Cheque or Money Order (enclosed)  Visa  Mastercard  AMEX  
 Card Number: \_\_\_\_\_ Name on card: \_\_\_\_\_  
 Exp. date: MM / YY CVV Code (3 digits on back of card): \_\_\_\_\_ Signature: \_\_\_\_\_

## Applicant's information

### INDIVIDUAL/FAMILY MEMBERSHIP

Full Name: \_\_\_\_\_

### BUSINESS MEMBERSHIP

Business Name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

