ADDITIONAL CLUB MEMBERSHIP(S) **CLUB INFORMATION** □ Club Regular - \$70 or \$7/member, whichever is greater NFA Club Membership ID:_____ Club Name: Number of members: Club Contact: NFA LIABILITY INSURANCE City: Province: Postal Code: □ \$12.95/person covered/year (\$5 million coverage) people covered x \$12.95= \$ Phone: Fax: Email: Please attach a list of all club member's first and Website: last names. DONATION (Optional) Yes! I/we would like to make a donation to the NFA in the amount of: \$ **PAYMENT INFORMATION** Total Payment: \$ ☐ Cheque or Money Order (enclosed) ☐ Visa ☐ Mastercard □ AMEX Name on Card: Card Number:



Exp.date MM/YY CVV Code (3 digits on back of card):_____Signature:_____