

Membership Application

Association Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Will the above contact name be the same next year? Yes _____ No _____

If no, please list the contact name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Would you like to work on a committee? If so please circle.

Membership Communications Certification Legislative

The membership is open to any state, multi-state or national non-profit association subject to the approval of the board of directors.

Annual membership fee is \$50.00 due with application. Future dues are payable at the annual members meeting in October for the following year.

Return to: NAFA
 c/o Jerry C. Hankins, AIFD, TCF
 1442 Gallatin Road North
 Madison, TN 37115
 615-868-8600