



NAF MEMBERSHIP FORM - CORPORATE

A nonprofit and equal opportunity organization

Please answer all questions. This form is designed for several purposes. Some questions may not be completely applicable; however, we ask that you answer all

ORGANIZATIONAL DATA

Name: _____

Contact Address	Street	City/State	Zip code

Telephone	E-mail	Website Address
_____	_____	_____

ORGANIZATION CONTACTS:

Please list all principal officers and their contact information (and attach current membership directory to this application):

Name	E-mail address	Phone number	Position
_____	_____	_____	_____

Name	E-mail address	Phone number	Position
_____	_____	_____	_____

Name	E-mail address	Phone number	Position
_____	_____	_____	_____

Name	E-mail address	Phone number	Position
_____	_____	_____	_____

MEMBERSHIP DUE/DONATION:

Annual membership due is \$150.00 (To be paid latest by April of each year)

Member's Statement: I certify that the answers given herein are true and complete to the best of my knowledge, and agree to pay any associated dues/fees.

Name of President: _____ and

Signature of President _____ Date: _____

DISCLAIMER:

This organization is an equal opportunity organization. We adhere to policy of making decision without regard to ethnic background, age, sex, or religion. We assure you that your opportunity to hold an office in this organization depends solely in the conduct of democratic election.