

Membership Application Form



Last Name		[Middle Initial		First Name	9		
Address					Phone			
011			-		7'. 0. 1.		/	/
City		;	State		Zip Code		Date o	f Birth
Email				□ New	☐ Renewa	al Membei	r ID	
Additional Family	Member				DOB		Member I	D
Additional Family Member					DOB		Member I	D
Additional Family Member					DOB		Member I	D
Additional Family	Member				DOB		Member I	D
Membership Type	Adult/HOH	1st Add.	2nd Add.	3rd Add.	4th Add.	Youth	Profession	al Total
Amount Due*								
*See Attached Chart for 0	Current State/Natio	onal Dues.						
Account Holder Name				Cr	edit Card #			
Exp. Date	Secur	ity Code	Check #		neck#	Money Order	#	Cash
		F	Profession	nal Memb	ership			
NFAA Professional the NFAA and their								
☐ New*		Male		Adult] Freestyle		
☐ Renewa	ı 🗆	Female		Senior (50)+)] Freestyle	Limited	
*Profession All new Professional Members			Member upon request during t	heir first year of NFAA Pro M	lembership.] Freestyle	Limited F	Recurve



Combined State and National Dues by State Organization



STATE	Adult HOH	1st Add.	2nd Add.	3rd Add.	4th Add.	Youth HOH
NFAA ONLY	35.00	5.00	5.00	2.00	2.00	15.00
ОН	60.00	10.00	5.00	2.00	2.00	30.00

Please note, NFAA dues are subject to change. The membership will be processed at the most current rate. Contact NFAA for updates.