



NAASF CLUB MEMBERSHIP!

NAASF Member Name: _____

Please enroll me in the designated club for the next year.

Annual Dues:

Bronze Club	\$ 100.00	\$ _____
Silver Club	\$ 250.00	\$ _____
Gold Club	\$ 500.00	\$ _____
Platinum Club	\$1000.00	\$ _____
Diamond Club	\$2500.00	\$ _____

If paying by credit card, please fill out the information below and Fax this form back to (866)590-9865 or mail using the enclosed reply envelope.

Select card type: Visa Mastercard

Name as it appears on card (please print): _____

Credit Card Number: _____

Card Expiration Date: ___/___/___

Signature: _____ Today's date: _____

If paying by check, please make payable to "NAASF, Inc". Include this form with your payment in the enclosed reply envelope.