

AAFTA Associate Membership Form

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Club Name: _____

E-mail Address: _____

Website: _____

Total Enclosed: \$25

Please send the completed form along with a check or postal money order made out to **AAFTA**, to this address:

**AAFTA
c/o Scott Allen
3737 Glenwood Avenue, Suite 100
Raleigh NC 27612**