

AAFTA New Club Membership Form

Club Name: _____

Date: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail Address: _____

Website: _____

Club Membership List (At least 2 club members are required):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Club Representative (Required): _____

By signing, the Club Representative acknowledges to have read and agreed to abide by the [AAFTA By-Laws, Rules, and Guidelines](#).

Total Enclosed: _____ (\$25 per year)

Please send the signed and 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**