

AAFTA Club Membership Renewal Form

Club Name: _____ Date: _____

(* Please fill out any of the fields for which the previously registered information has changed.

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 (*): _____

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**