

**MEMBERSHIP APPLICATION  
(Please Print)**

<b>Name:</b>		
<b>Title:</b>		
<b>Organization:</b>		
<b>Address:**</b>		
<b>City:</b>	<b>State/Province:</b>	<b>Zip Code:</b>
<b>Phone (including extension):</b>	<b>Fax:</b>	
<b>E-Mail Address:</b>		
<b>** Note:</b> Please use the address, phone, fax and e-mail where you wish to receive NCAFD O communications.		
<input type="checkbox"/> Check here and note any information you do not want to appear in membership databases.		

**PLEASE CHECK MEMBERSHIP CATEGORY and DUES**

<u>REGULAR MEMBER</u> <u>Government Employee</u>	<u>ASSOCIATE MEMBER</u> <u>Industry or Academia</u> <u>Employee</u>	<u>SUPPORTING MEMBER</u> <u>Retired or Student</u>
1 Year: <input type="checkbox"/> \$ 20	<input type="checkbox"/> \$ 35	<input type="checkbox"/> \$ 10
5 Years: <input type="checkbox"/> \$ 90	<input type="checkbox"/> \$155	<input type="checkbox"/> \$ 45
10 Years: <input type="checkbox"/> \$170	<input type="checkbox"/> \$300	<input type="checkbox"/> \$ 85
Life: <input type="checkbox"/> \$400	<input type="checkbox"/> \$700	<input type="checkbox"/> \$200

FEDERAL I.D. NO: 38-2560815

Check made payable to NCAFD O in U.S. Funds enclosed

Please charge my VISA  MasterCard

If Billing Address is same as above please check here

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>For Office Use Only:</b>
Date Paid: _____
Initials: _____
Check No: _____

**RETURN APPLICATION AND REMITTANCE TO:**

**Arlyn Baumgarten (NCAFD O Secretary)**

4226 89th Place

Kenosha, WI 53142

or by email to:

[aBaumgarten@wi.rr.com](mailto:aBaumgarten@wi.rr.com)

Telephone: 262-694-8242

Fax: 262-694-8242