

2009-10 NFHCA Membership Application

Member # _____
(for office use only)

Name _____

School/Club/Affiliation _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____

<u>Membership Category (check one)</u>	<u>Dues</u>	<u>Membership Category (check one)</u>	<u>Dues</u>
____ Junior High – Head Coach	\$50.00	____ Administrator	\$50.00
____ Junior High – Assistant Coach	\$25.00	____ Friend of the Game	\$50.00
____ Club Coach	\$50.00	____ Sponsor	\$50.00
____ Umpire	\$50.00	____ Lifetime Member (must be 55 years of age or older)	\$300.00

Payment Options (check one)

____ I am paying my 2009-10 membership with the enclosed check / money order made payable to NFHCA.

____ I would like the NFHCA to charge the Visa / Mastercard listed below for the full cost of my 2009-10 membership.

Credit Card # _____ Expiration Date: _____

Name on the Card _____

Signature _____

Please mail, fax or email all forms and payments to:

NFHCA ♦ P O Box 13289 ♦ Chandler AZ 85248
Fax: 480-895-5818 ♦ Email: executivedirector@nfhca.org