

2018-2019 Membership Program

Member Information

Name _____ Home/Cell Phone _____

Home Address, City, State, Zip _____

Personal Email _____

Professional Information (optional)

Employer _____

Occupation _____

Membership Level (please check)

Individual annual rates:

- | | |
|--|--|
| <input type="checkbox"/> \$25 TFND Advocate | <input type="checkbox"/> \$250 TFND Champion (Receives Gear item) |
| <input type="checkbox"/> \$50 TFND Advocate | <input type="checkbox"/> \$500 TFND Hero
(Receives 1 TFND Gear item & 1 TFND Apparel item) |
| <input type="checkbox"/> \$100 TFND Defender | <input type="checkbox"/> \$1000 TFND Superhero (Receives 2 TFND Gear item & 2 TFND Apparel items, and 2 tickets to TFND Annual Banquet with recognition at the event.) |



A La Carte Choices:

Total Due: _____

___ Check enclosed ___ Credit card ___ Please invoice

___ Visa ___ Mastercard ___ Discover

Card # _____ Exp. _____

Cardholder's Name _____ CVV# _____

Cardholder's Billing Address (if different from above.)

City, State _____ Zip Code _____

*Partnerships and sponsorship are available on a first come, first serve basis.
All Partners and Sponsors will receive Right of First Refusal next year.

