



TOBACCO FREE NORTH DAKOTA ANNUAL MEMBERSHIP FORM

2026 marks forty years of Tobacco Free North Dakota leading the fight to protect our communities from the devastating impact of tobacco and nicotine addiction. For four decades, TFND and our dedicated partners have worked hard to shape state and local policies, educate youth and families, and improve the health of all North Dakotans.

Your membership helps us continue this important work. Together, we can make sure the next forty years are filled with more North Dakotans breathing easier, living longer, and growing up tobacco free.

All Members will receive TFND newsletters and program and event announcements, as well as have access to participate in Board and Committee roles. Champion, Hero, and Superhero membership levels will also receive additional perks throughout the year.

ANNUAL MEMBERSHIP OPTIONS

To join/renew your membership, include this form with your tax-deductible donation to Tobacco Free North Dakota/TFND to P.O. Box 3237, Bismarck, ND 58503. Or, call 701-527-2811 to make your payment over the phone, or email heather@tfnd.org to receive an emailed online invoice to pay electronically via credit card.

MEMBER INFORMATION

Name _____ Home/Cell Phone _____

Home Address, City, State, Zip _____

Personal Email _____

PROFESSIONAL INFORMATION (Optional)

Employer _____ Occupation _____

MEMBERSHIP LEVEL *(please check one)*

Individual Annual Rates:

- \$40 TFND Advocate
- \$50 TFND Supporter
- \$100 TFND Defender
- \$250 TFND Champion
- \$500 TFND Hero
- \$1,000 TFND Superhero

Partner Program Annual Rates:

- \$1,000 TFND Supporter
- \$2,000 TFND Defender
- \$3,000 TFND Champion
- \$5,000 TFND Hero
- \$10,000 TFND Superhero

DONATION TYPE

- Cash
- Check (*make payable to "TFND"*)
- Online invoice or monthly payment option (visit tfnd.org)
- Credit Card

**New monthly payment options are available online via credit or debit card*

Type of Card

- Visa
- Mastercard
- AMEX
- Discover

Name on card _____ Expiration Date Month/Year _____

Card Number _____ CVV (three-digit code on back) _____

Signature to authorize payment _____

THANK YOU FOR YOUR MEMBERSHIP AND SUPPORT TO TOBACCO FREE NORTH DAKOTA

FOR OFFICE USE ONLY

Date Received _____ Receipt Sent _____
