

# SFAA MEMBERSHIP

FORM MUST BE COMPLETELY FILLED IN AND CLEARLY PRINTED  
OR IT WILL BE RETURNED UN-PROCESSED

## HEAD OF HOUSEHOLD OR INDEPENDENT YOUTH

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ASSOCIATED CLUB: \_\_\_\_\_

IF YOU ARE NOT AFFILIATED WITH A CLUB PLEASE PUT N/A

### LIST ADD ONS

FIRST NAME	LAST NAME	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SFAA MEMBERSHIP	STATE DUES	QTY	TOTAL
<i>HEAD OF HOUSEHOLD</i>	\$ 10.00	_____	_____
<i>ADD ON - SPOUSE</i>	\$ 2.00	_____	_____
<i>EACH ADDITIONAL ADD ON UNDER 18</i>	\$ 2.00	_____	_____
<i>INDEPENDENT YOUTH UNDER 18</i>	\$ 10.00	_____	_____
<b>TOTAL PAID</b>	<b>CASH / CK#</b>		<b>\$</b>

COLLECTED BY: \_\_\_\_\_

CLUB: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE FORWARD PAYMENT AND FORM TO: **SFAA SECERTARY/ TREASURER**  
**Jennifer Dean 1120 Bennetts Mills Rd. Jackson, NJ 08527**

MEMBERSHIP IS BASED ON CALENDAR YEAR - (EXAMPLE: IF YOU JOIN MAR. 2011 YOUR MEMBERSHIP EXPIRES DEC. 2011)

MEETINGS ARE HELD 5 TIMES A YEAR - ALL ARE WELCOME

VISIT OUR WEB SITE AT: WWW.SFAA-NJ.COM - FOR COMPLETE DETAILS