

NHCA MEMBERSHIP FORM

Please print legibly.

Name: _____
Last First MI

Address: _____

Email: _____

Date of Birth: _____

USCF ID: _____ Expires: _____

School/Club: _____

Does School/Club Have a Club Membership? _____

Form of Membership Purchased (Please Check One):

Adult (\$8): _____
(Age 19 and Older)

Junior(\$6): _____
(Under Age 19)

Club(\$40): _____
(11-Month Membership)

Family(\$2): _____
(Family members of an adult member can
join for \$2 each.)

Purchasing a Family Membership? Who is the adult member?

Name: _____ Expires: _____

For NHCA Use Only:

Issuing Officer: _____

Date Issued: _____

Membership Expires On: _____