



NATIONAL FOREST RECREATION ASSOCIATION

P.O. Box 488, Woodlake, CA 93286, (559) 564-2365, FAX (559) 564-2048

GENERAL MEMBERSHIP FORM

Company Name: _____

Owner's First Name: _____ Owner's Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: () _____ Ext: _____ Fax Number: () _____

Contact Name for NFRA Business: _____ Date Business Started: _____

E-mail Address: _____ Web Site: _____

Headquarters Address (if different from above) _____

Name(s) of National Forest, Parks, or other federal lands where you do business: _____

Type of Business (resort, campground, etc.): _____

Name of your Congressional Representative: _____

Check applicable section below

Dues are for 12-month membership beginning with receipt of application and dues payment.

General Member (Voting) – Business operations under permit or contract with federal land management agency.

- | | | |
|--------------------------|---|--------|
| <input type="checkbox"/> | Annual Revenues of less than \$100,000 | \$ 250 |
| <input type="checkbox"/> | Annual Revenues between \$100,000 and \$499,999 | \$ 600 |
| <input type="checkbox"/> | Annual Revenues between \$500,000 and \$749,999 | \$ 900 |
| <input type="checkbox"/> | Annual Revenues between \$750,000 and \$1 million | \$1200 |
| <input type="checkbox"/> | Annual Revenues between \$1 million and \$2 million | \$1800 |
| <input type="checkbox"/> | Annual Revenues exceeding \$2 million | \$2500 |
| <input type="checkbox"/> | Supporting Member - Valid for one year only | \$ 100 |

Payment Method

Payment Method (circle one): **Check Enclosed** **Visa** **MasterCard**

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Signature: _____

Please return completed form to:

NFRA ~ P.O. Box 488 ~ Woodlake, CA 93286

www.nfra.org Email: info@nfra.org