

NAFA Rules & Policies

C.11 New Club Registration Form

Requested Club Name _____

Club Owner (Must name
Single individual or
Corporation as sole
Authority with NAFA) _____

Address _____

City _____ State _____

Zip/Postal Code _____ Phone No. _____

E-mail Address _____

Team Contact-if different _____

Address _____

City _____ State _____

Zip/Postal Code _____ Phone No. _____

E-mail Address _____

Please list any CRN Numbers that need to be transferred to this new team

CRN#	Dog's Name	Owner's Name

Use NAFA Form C.8 when requesting new CRN numbers.

Mail completed form with \$40 US Funds to: NAFA Inc.; P.O. Box 17, Palmyra, WI 53156

Please allow 2-4 weeks for processing.