



The National Football Foundation & College Hall of Fame, Inc.

433 Las Colinas Blvd. East, Ste. 1130
Irving, TX 75039-5508

Membership Application

I am a: New Member Renewing Member Date:

Chapter Name (if known): Member ID#:

Prefix & Full Name:

Address:

City: State: Zip:

E-Mail: Phone:

Membership Level

Varsity Club

\$40 One-Year Membership

All-Conference Club

\$99 Three-Year Membership

Hall of Fame Club

\$1,000 Lifetime Membership

Payment Options

- Enclosed is my check for \$_____ made payable to The National Football Foundation.
 Please charge my membership to my: VISA MASTERCARD AMEX DISCOVER

Credit Card Account #: Exp. Date:

Signature:

Benefits Waiver (for Hall of Fame Club members only)

- I prefer to waive all benefits offered at my gift level, rendering my entire contribution tax deductible.

Please Mail to: Membership Department
The National Football Foundation
433 Las Colinas Blvd. East, Ste. 1130
Irving, TX 75039-5508

OR Submit via: Email: membership@footballfoundation.com Fax: 972-556-9032