

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 _____

Club Contact - if different _____

Address _____

City _____ State _____

Zip/Postal Code _____ Phone No. _____

E-mail Address _____

Please list any CRNs that need to be transferred to this new team

CRN	Dog's Name	Owner's Name

Use NAFA® Form C.8 when requesting any new CRNs.

**Mail completed form with \$25 U.S. or CDN Funds to: NAFA®, Inc. 1333 W. Devon Avenue #512
Chicago, IL 60660**

Please allow 2-4 weeks for processing.