

**American Treeing Feist Association  
Membership Application**

**Name(s)** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Single Membership: \$15**

**New Membership**

**Family Membership: \$20**

**Renewal**

**Please make check payable to: ATFA**

**Mail to: Charity Fulghum  
528 Pumpkin Swamp Cove  
Columbiana, AL 35051**