

**American Treeing Feist Association  
Membership Application**

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

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

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

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

**Membership \$25.00      New Membership** \_\_\_\_ **Renewal** \_\_\_\_

**Please make check payable to: ATFA**

**Mail to: Mark Gouger  
535 Baily Lane  
Whitwell TN 37397**