



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

22 Maple Ave.
Morristown, NJ 07960

Membership Application

I am a: New Member Renewing Member Date: _____

Chapter Name (if known): _____

Prefix & Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Membership Level

VARSITY CLUB

\$40 One-Year Membership

ALL-AMERICAN CLUB

\$250 Three-Year Membership

ALL-CONFERENCE CLUB

\$99 Three-Year Membership

NATIONAL CHAMPION CLUB

\$500 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

Credit Card Account #: _____ Exp. Date: _____

Signature: _____

BENEFITS WAIVER

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

Please Mail to: *The National Football Foundation & College Hall of Fame, Inc.
22 Maple Ave.
Morristown, NJ 07960-5215*