

\$1 Million Dollar Self-Defense Coverage

All States, U. S. Territories & Tribal Lands

Self-Defense Fund

The undersigned hereby applies to become a member(s) of the National Association For Legal Gun Defense LLC ("NAFLGD") Self Defense Fund ("SDF") and provides the following information as part of his/her or their application for membership:

Name _____
First Name Middle (Optional) Last Name


Address _____
Number and Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ Password _____
Your email address is your user name for the training library Membership login

Training DVD's, E-Books, State Laws, Original Manufacturers Manuals, and more are in the Members Private Library and are free to members. On the website click on "Members Login" in the top navigation bar which will take you to the library entrance.

Add another person for \$5.00 _____ <small>First Name Last Name</small>	Add another person for \$5.00 _____ <small>First Name Last Name</small>
Add another person for \$5.00 _____ <small>First Name Last Name</small>	Add another person for \$5.00 _____ <small>First Name Last Name</small>
Add another person for \$5.00 _____ <small>First Name Last Name</small>	Add another person for \$5.00 _____ <small>First Name Last Name</small>

CHOOSE MEMBERSHIP TYPE: (Pay by check by the year)	Amount	
Individual \$150.00 year		
Family (Two Persons) \$210.00 year		
Add ___ Dependents @ \$60.00 year each.		
TOTAL		

The undersigned agrees that they have had the opportunity to ask question and receive answers to their satisfaction either in person, by phone 682-238-8161, or by email selfdefensefund@gmail.com and that he or she has read and fully understands the Terms and Conditions of Membership.



Mail To:
P O Box 2109
Fort Worth, Texas 76113

 Signature

____/____/____
 Date