

NFNLP Member Information

(Please fill in the information below, (preferably by computer or typewriter). We will also send this form to your email address so you may download it. It is in Microsoft Word format so that you may complete it on your computer). This is to prevent information errors on the web site due to handwriting variations.

Date: _____

First Name: _____

Last (Family/Sur) Name: _____

Correct **Format** of Name for on Certificates and Member Directory: (Many countries list family name first, so please list name **EACTLY** as you would like to see it printed.

Home Address: _____

City : _____

State/Province : _____

Postal Code: _____

Country _____

Birth Date: _____ (MMDDYY format)

Home Telephone _____

Email Address (s): _____

Web Site (s): _____

Business Name – Name of **YOUR** business that will be listed on the Membership Directory (*not your employer*) or **ANY** contact information you would like to see listed.

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Business Address: (List EXACTLY as you would like to see it on the directory.)

Business City: _____

Business State/Province: _____

Business Postal Code: _____

Business Country: _____

Business Telephone: _____

Business Fax: _____

Certifications Held (Basic, Master, Trainer, Sports & Performance Specialist, Etc.)

Specify what information you want listed (*example – description of your background, certifications, services offered*) on our NFNLP website's Member Directory. You may also send a photo to display on the directory with your listing.

*** IF YOU DO NOT WANT TO BE LISTED ON THE DIRECTORY – PLEASE TELL US.**

Please E-mail this form to: nfnlp@nfnlp.com

NFNLP, 1532 US Highway 41 By-Pass S., # 287, Venice, FL 34293-1032 USA.

Fax: (941) 408-8552