



Membership Application/ Renewal

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

Phone _____ (optional)

Membership Type: New Renew (circle one)

Amount \$ _____ (\$20.00) (Make check payable to "NMFG")

Mail to:

Andy
8305 Comanche Ct.
Albuquerque, NM 87110-2311