



# \$1 Million Dollar Self-Defense Coverage

## All States, U. S. Territories & Tribal Lands

### Self-Defense Fund

#### MEMBERSHIP APPLICATION AND AGREEMENT

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 Last Name Date of Birth

Home Address \_\_\_\_\_  
Number and Street City State Zip

Mailing Address \_\_\_\_\_  
City State Zip

Referral Law Firm (If Applicable) \_\_\_\_\_ Promotion Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Your email address will be your User Name for the private library.

<b>SPOUSE</b>	<b>DEPENDENT CHILD (18 to 25)</b> Add additional on back up to 8 total
Name _____ Date of birth _____	Name _____ Date of Birth _____
Address _____	Address _____
Email Address _____ Phone Number _____	Email Address _____ Phone Number _____

<b>CHOOSE MEMBERSHIP TYPE:</b> Individual <input type="checkbox"/> \$12.50 month or <input type="checkbox"/> \$150.00 year
Family (Husband and Wife) <input type="checkbox"/> \$17.50 month or <input type="checkbox"/> \$210.00 year
Add ___ Dependents @ <input type="checkbox"/> \$5.00 month each or <input type="checkbox"/> \$60.00 year each.
<b>TOTAL \$ _____ MONTH OR \$ _____ YEAR</b>

#### AUTHORIZATION FOR CREDIT or DEBIT CARD PAYMENTS

<b>Card Type</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
<b>Name on Card</b>	_____
<b>Card Billing Address</b>	_____
<b>Card Number</b>	_____

<b>Expiration Date</b>	_____
<b>Security Code</b>	_____

#### MEMBERSHIP PAYMENT TERMS ACCEPTANCE AND AGREEMENT

By executing this Membership Application the undersigned Prospective Member agrees to the Terms and Conditions of Membership and certifies that he or she has read and fully understands the Terms and Conditions of Membership which can be found at selfdefensefund.com. If accepted for Membership, the undersigned agrees to be fully bound by the terms thereof, as amended from time to time by NAFLGD.

Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mail To:  
 SDF  
 PO Box 2109  
 Fort Worth, Texas 76113