ATFA INDIVIDUAL MEMBERSHIP APPLICATION

DATE: _____

Please complete the following form and mail to:

1415 28th Street, Suite 400
West Des Moines, IA 50266
Phone: 515.282.8192 | Email: atfa@atfassociation.org

Contact Information:
First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Spouse: _____

Home Contact Information:
Home Address: _____

City _____ State_____ Zip: _____

Phone: _____

Home Email: _____ ☐ Primary Email

Business Contact Information:
Company: _____

Title: _____

Business Address: _____

City _____ State_____ Zip: _____

Phone: _____

Business Email: _____ ☐ Primary Email

ATF History:
Number of Years with the Bureau: _____

Last Job Title: _____

Last ATF Office: _____

ATF Reference: _____ Reference Phone/Email: _____

Classification: ☐1811 ☐ 1801 ☐ 1854s ☐ Other _____

Member Category:
☐ $65.00 - Regular Member (former or retired employees) ☐ $65.00 - Associate Member (active duty employees)

How did you hear about the ATF Association? _____

What do you hope to gain from membership? _____