



XFDA, aka, X-TREME FAST DRAW ASSOCIATION

**P.O. Box 7004
Amarillo, TX 79114
(806) 680-2423**

Website: www.xfdapro.com

Email form to
info@xfdapro.com

X-FDA Club Agreement

I, _____ would like to form/become an X-FDA
Affiliated Club.

I understand and agree to keep at least 50% NRA membership in our club, by whatever means possible, as this is a requirement to qualify for the NRA Insurance Program.

Upon receiving this agreement X-FDA board will review the application once approved and fee paid the club will be an X-FDA affiliated club and will be placed on the x-fda.org website. I agree to be placed as the contact person for this club and will follow up on leads generated.

As an X-FDA club we will follow all X-FDA rules and safety procedures at all club events.

The fee for affiliation is \$100.00 which includes the NRA insurance for 1 club location.

Name of Club

Physical Address of Club

Mailing Address of Club

_____ Contact Name	_____ Alias	_____ X-FDA#	_____ Date
_____ Address	_____ State	_____ Zip	_____ Email
_____ Phone (Day)	_____ Phone (Night)	_____ Signature	

Note: It is X-FDA policy not to release home information of our club contacts or any other members. We only post club contact information with Names, Alias, State, City, Phone Number and Emails only.