



& COLLEGE HALL OF FAME, INC.

The National Football Foundation & College Hall of Fame, Inc.

PORTLAND OREGON CHAPTER

Membership Application

I am a: New Member Renewing Member Date: _____

Chapter Name (if known): PORTLAND, OR Member ID#: _____

Prefix & Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Membership Level (SELECT ONE)

Varsity Club

\$40 One-Year Membership

All-Conference Club

\$99 Three-Year Membership

Hall of Fame Club

\$1,000 Lifetime Membership

PAYMENT OPTIONS

- Enclosed is my check for \$_____ made payable to The National Football Foundation.
 Please charge my membership to my: VISA MASTERCARD AMEX DISCOVER

Credit Card Account #: _____ Exp. Date: _____

Signature: _____

BENEFITS WAIVER (for Hall of Fame Club members only)

- I prefer to waive all benefits offered at my gift level, rendering my entire contribution tax deductible.

Please Mail to:

**Ross Johnson
10150 SW Sedlak Ct.
Tualatin, OR 97062**