

National Ability Center
FREEDOM MAN SOCIETY



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone #'s: Home: () _____ Work: () _____ Fax: () _____

E-Mail: _____

Date of Birth: ____ / ____ / ____ Gender (circle one): **Male** **Female**

Freedom Man Society Membership Levels

_____ Founders' Circle
(\$20,000 and up)

_____ Associate
(\$3,500 - \$7,499)

_____ President's Club
(\$12,500 - \$19,999)

_____ Benefactor
(\$1,000 - \$3,499)

_____ Patron
(\$7,500 - \$12,499)

_____ Supporter
(\$750 - \$999)

Other Donation Levels

_____ \$500 _____ \$250 _____ \$100 _____ \$50 _____ Other

Method of Payment

CHECK (make payable to the National Ability Center or NAC)

CREDIT CARD

Credit card Number: _____ Expiration Date: _____

We accept Visa, MasterCard and American Express

Signature of Cardholder: _____

Name of Cardholder: _____
(If different from applicant)

Mail to: National Ability Center, P.O. Box 682799, Park City, UT 84068
Email to: scottl@DiscoverNAC.org
Fax to: (435) 658.3992
Call: (435) 200.0983