

## NFNLP Member Information



Date: \_\_\_\_\_ LIST ON DIRECTORY Yes/No \_\_\_\_\_

Photo Attached: \_\_\_\_\_ (Yes/No) JPG format, please.

Languages spoken fluently (Required for Trainers):

First/Middle Names:

\_\_\_\_\_

Last (Family/Sur) Name: \_\_\_\_\_

Correct Format of Name for on Certificates and Member Directory: \_\_\_\_\_

\_\_\_\_\_  
(Many countries list family name first, so please list name **EACTLY** as you would like to see it printed.)

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_

State/Province : \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country \_\_\_\_\_

Birth Date: \_\_\_\_\_ (MMDDYY format)

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Personal Email Address (Not on Directory):

\_\_\_\_\_

Business Email Address (for Directory): \_\_\_\_\_

## NFNLP Member Information

Web Site (s): \_\_\_\_\_  
\_\_\_\_\_

**Business Name** – *Name of **YOUR** business that will be listed on the Membership Directory (**not** your employer) or ANY contact information you would like to see listed.*

\_\_\_\_\_

**Business Address:** (List EXACTLY as you would like to see it on the directory.)

\_\_\_\_\_

\_\_\_\_\_

**Business City:** \_\_\_\_\_

**Business State/Province:** \_\_\_\_\_

**Business Postal Code:** \_\_\_\_\_

**Business Country:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_

**Business Fax:** \_\_\_\_\_

**Certifications Held (Basic, Master, Trainer, Sports & Performance Specialist, Etc.**

\_\_\_\_\_

\_\_\_\_\_

Specify what information you want listed (*example – description of your background, certifications, services offered*) on our NFNLP website's Member Directory. You may also send a photo to display on the directory with your listing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_