



NAIF Membership Information Form

Mail to: NAIF c/o Suzie Coleman
2508 NW 6th
Bentonville, AR 72712

Parent Name(s):

First Last

Child(ren) Name(s):

Yr Birth

Adopt Yr

Country

Child(ren) Name(s):	Yr Birth	Adopt Yr	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If child was not adopted, just put NA where necessary.

Agenc(ies) used:

Mailing Address:

Street City ST ZIP

Phone # Email address