## Knife Rights, Inc. Membership Application

Membership Category (select one)		
☐ Individual Annual \$32.00 ☐ A ☐ Knifemaker Annual: \$50.00 ☐ C ☐ Individual Life Member: \$850 (Limited	Corporate Annual: \$750.00	
Please print clearly		
Billing Information (as appears on credit of	card):	
Name:		
Company (If applicable):		
Address:		
Address:		
City:	State:	Zip:
Email:		
Provide a Log-in Name:	(Temporary	password will be assigned)
Ship Membership Materials to (Check if s	ame as above 🗖):	
Name:		
Address:		
Address:		
City:	State:	Zip:
·	er (Make out to: Knife Rights, Inc.) rge	
Credit Card Number:		
Exp. Date (MM/YYYY):/	CVV2:	_
XSignature		 Date
Signatur	<b>-</b>	Date

Knife Rights, Inc. P.O. Box 657 Gilbert, AZ 85299 Toll Free: 866-889-6268 Phone: 602-476-2702 FAX: 480-496-0282