

Types of Membership: Individual - \$25, Family - \$40, Business - \$50, Benefactor - \$200

Name \_\_\_\_\_ Business Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of Membership \_\_\_\_\_ Enclosed \$ \_\_\_\_\_ (Make check out to FHDA.)

Are you interested in serving the FHDA as a volunteer? Yes No (circle)



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