

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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