

MEMBERSHIP FORM

RENEWAL

NEW MEMBER

Please Print Clearly:

Name(s) _____

Address _____

City/State _____ Zip _____

Email _____

Phone Number _____

Enclose **\$20.00** for Single or Family Membership.

Membership payment is due by JULY 1 of each year.

NEW MEMBERS -

New members who join between April 1 and June 30 do not pay again until July 1 of the following year.

RENEWALS -

Please return this completed form, along with your check, to our Membership Chair so all records can be updated.

Make check payable to NHC and mail to:

Sande Lolli (NHC Membership)
P.O. Box 567
Dillsboro, NC 28725