

**PLEASE FILL OUT, AND RETURN
IN THE ENVELOPE SUPPLIED.**

MEMBERSHIP FORM & RECEIPT

NAME: _____
TITLE: _____
COMPANY: _____

HOME: _____
WORK: _____
CELL: _____

ADDRESS: _____

EMAIL: _____

I WOULD YOU LIKE TO BE MORE INVOLVED WITHIN THE H.O.P.E. ORGANIZATION.

WHO SHOULD WE INVITE TO SPEAK: _____

HOW COULD WE IMPROVE THE ORGANIZATION: _____

BY SIGNING AND SUBMITTING THIS APPLICATION, I HEARBY AGREE TO COMPLY WITH THE PROVISIONS OF H.O.P.E'S BY-LAWS, AND ANY OTHER POLICIES ENACTED IN CONNECTION THEREWITH INCLUDING ANY POLICIES REGARDING WEBSITE AND DATABASE USE.

SIGNED: _____ DATE: _____

PLEASE CUT HERE

RECEIPT

DUES INFORMATION
NSW FOR H.O.P.E. IS A 501(C) (6) CORPORATION, A NOT-FOR-PROFIT ORGANIZATION LARGELY SUPPORTED BY MEMBER DUES. ANNUAL DUES ARE USED TO FUND THE ORGANIZATION'S EVENTS,

- INDIVIDUAL DUES ARE \$125 AND ARE DUE ON OCTOBER 15TH.
- DUES FOR ALL MEMBERS WILL BE RENEWABLE ON OCTOBER 14, 2014.
- DUES MAY BE TAX-DEDUCTIBLE AS A BUSINESS EXPENSE.

NAME OF MEMBER/S: _____

AMOUNT PAID: _____ DATE: _____

BEFORE MAILING PLEASE MAKE A COPY AND KEEP FOR YOUR RECORDS