



P.O. Box 703
Perrysburg, OH 43552

MEMBERSHIP APPLICATION

To become a member -- or to make a donation -- simply print out this form, complete the information, and mail it to us at the HPInc address above, along with your dues or donation.

Please note that the annual dues period (per-year rate: see table below) corresponds to our fiscal year of January 1 through December 31

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Cell Phone _____

E-mail _____

Please choose ("X") a category for your membership:

MEMBERSHIP CATEGORIES		
<input type="checkbox"/>	Supporting	\$25 per year
<input type="checkbox"/>	Contributing	\$50.00 per year
<input type="checkbox"/>	Sustaining	\$75.00 per year
<input type="checkbox"/>	Patron	\$100.00 per year

Donations to our organization are always appreciated, and will be acknowledged personally by our President.

_____ I do not wish to become a member at this time, but enclosed is my donation of \$_____.

Please note that 100% of dues and/or donations are tax-deductible