

HAE Membership Application / Renewal Form

January 2008 Through December 2008

Please Check The Appropriate Box's

I am a new member

I am renewing my membership

Auxiliary (\$10)

Individual (\$15)

*Family (\$20)

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Signature: _____ Date: _____

*Family Membership: Please list family members—names and ages below
(two voting members)

Please complete and mail with your check to: HAE, Inc., PO Box 1252, Hollis, NH 03049