

PRINT THIS FORM



Membership Form

Name _____

Address _____

City, State, Zip _____

Phone (_____) _____

Email _____

(Your email address is required so we can update you on our activities and communicate with you about your membership.)

Please check the box to indicate the membership you desire:

- Individual **\$25**
- Family **\$35**
- Non-profit Network without technology **\$50**
- Non-profit Network with technology **\$150**
- Donor **\$100-249** (Amount \$ _____)
- Supporter **\$250-499** (Amount \$ _____)
- Patron **\$500-999** (Amount \$ _____)
- Grand Patron **\$1,000+** (Amount \$ _____)

**Please mail this form with your check, payable to FHCCA, to:
FHCCA, P.O. Box 18254, Fountain Hills, AZ 85269**

ALL DUES ARE TAX DEDUCTIBLE.