

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 **\$35**
- Family (2) **\$50**
- Nonprofit Network (without fundraising platform access) **\$100**
- Nonprofit Network (with fundraising platform access) **\$250**
- Donor **\$100-249** (Amount \$ _____)
- Supporter **\$250-499** (Amount \$ _____)
- Patron **\$500-999** (Amount \$ _____)
- Grand Patron **\$1,000+** (Amount \$ _____)

Optional: (Here are some more direct ways to support some of our programs)

- Friend of the Garden \$10
- Fountain Hills Women's Club Annual Membership \$25
- Dark Sky Association Annual Membership \$25
- Donation to the Fountain Hills Community Chorus \$20
- Donation to the Fountain Hills Community Band \$20
- YOUR CHOICE: Amount \$ _____ Program _____

TOTAL: _____

**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.