

Membership Application

**Yes! I want to renew my membership/become a member!
I know that it only costs \$20/year**

Application Date:		
First Name:	Last Name:	
Home Address:	City:	Postal Code:
Home Phone:	Cell Phone:	
Email:		

Preferred payment: Cheque Visa MasterCard Cash *(Please do not send cash in the mail)*

Credit Card Number:	Expiry Date:
Signature:	

I am a: new member returning member

The NHS would like to reduce its carbon footprint by encouraging members to receive an emailed copy of the newsletter.

Please check your preference:

- YES!** I would like to go green and receive an **emailed version** of the newsletter.
(please fill in your email address above)
- Please send me a **paper version** of the newsletter.
- Please **DO NOT** send me a newsletter at the present time

Would you like to volunteer? Yes No Maybe

Please send me notifications by email of upcoming NHS events within the community
Yes No (please fill in your email address above if you indicated yes)

OFFICE USE ONLY

Date of sign up:

Card Issued: Yes No