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| Applicant Information. |
| NAME: | DOB: |
| ADDRESS: |
| CITY: | STATE: | ZIP: |
| HOME PHONE: | CELL PHONE: |
| EMAIL: |
| [ ] RENEWAL | [ ]  NEW MEMBER |
| Spouse Information. |
| NAME: | DOB: |
| HOME PHONE: | CELL PHONE: |
| EMAIL: |
| Information about Children. |
| NAME: | Age | DOB:  |
| NAME: | Age | DOB:  |
| NAME: | Age | DOB: |
| NAME: | Age | DOB:  |
| Membership Details. |
| [ ] ANNUAL MEMBERSHIP: $51.00 | [ ]  SINGLE ANNUAL MEMBERSHIP: $25.00 |
| [ ] LIFE MEMBERSHIP FAMILY: $1000.00 | [ ] LIFE MEMBERSHIP INDIVIDUAL: $500.00 |
| *\*\*Annual membership is for the calendar year(January 01 to December 31).* |
| Signatures. |
| Declaration: I promise to abide by the rules and regulations of GHNSS as set out in its bylaws. (Available at the web site). |
| Signature:(Print Name if email) | Date: |

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| **For Office Use Only.** |
| ***Date Received:*** | ***Receipt issued:*** |
| ***[ ]  Postal or money order*** | ***[ ] CHECK #***  | ***[ ]  CASH*** |

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