|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |

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

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