

2024 Happy Hands Membership Form (for each person)



Name:	·					
Street:	:					
City: _						
State: _		Zip: _				
Please	fill out below. Checking "	yes" gives the Fine Tur	ners permis	ssion to ι	use your information, as needed.	
	VP #:		yes	_ or no _		
	Email:		yes	_ or no _		
	Pager:		yes	_ or no _		
	Home address? yes	_ or no				
How do you want to receive HH newsletter?						
	Hardcopy & Email	Hardcopy only	Emai	I only		
Dues:	\$15.00 per person (no ha \$30.00 per person (harde	• • •				
Check: Please make check payable to NVRC/Happy Hands, and mail to: NVRC/Happy Hands, 10467 White Granite Drive, Suite 312, Oakton VA 22124						
* Must Have *						
Emergency Contact: (if none, 911 will be contacted)						
Allergie	es:					
Birthday Month and Date:				Birth Year (optional)		
	ice use only:				the Detahase	
	Treasurer Cash Amount	Date received Check Amount	Ch	eck#	Membership Database NVRC Database	