



2025 Happy Hands Membership Form (for each person)



Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Please fill out below. Checking "yes" gives the Fine Tuners permission to 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 _____ Email only _____

Dues: \$15.00 per person (no hardcopy)
\$30.00 per person (hardcopy)

Check: Please make check payable to NVRC/Happy Hands, and mail to:
NVRC/Happy Hands, 10467 White Granite Drive, Suite 312, Oakton VA 22124

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*** Must Have ***

Emergency Contact: _____ (if none, 911 will be contacted)

Allergies: _____

Birthday Month and Date: _____ Birth Year (optional) _____

For office use only:

Treasurer _____ Date received _____

Cash Amount _____ Check Amount _____ Check # _____

Membership Database _____

NVRC Database _____