

2026 Happy Hands Membership Form (for each person)



Name:	:						
Street:	:						
City: _							
State: _		Zip: _					
Please	fill out below. Checking "y	yes" gives the Fine Tur	ners perm	nission to I	use your informa	tion, as needed.	
	VP #:		yes	or no _			
	Email:		yes	or no _			
	Pager:		yes	or no _			
	Home address? yes	_ or no					
How do	o you want to receive HH	newsletter?					
	Hardcopy & Email	Hardcopy only	Em	ail only		7 11- cand the	
Dues:	\$15.00 per person (no hardcopy) \$30.00 per person (hardcopy)					To use Zelle, send the payment to accounting@nvrc.org In the memo, say	
Check: Please make check payable to NVRC/Happy Hands, and mail to: NVRC/Happy Hands, 10467 White Granite Drive, Suite 312, Oakton VA 22124						"Happy Hands Membership."	
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* Must Have *							
Emerge	ency Contact:				(if none, 911	will be contacted)	
Allergie	es:						
Birthday Month and Date:				Birth Year (optional)			
	ice use only:				Ma	· · · · · · · · · · · · · · · · · · ·	
	Treasurer Cash Amount	Date received Check Amount	C	.heck#	Me Me	embership Database (RC Database	