



2017 Happy Hands Membership Form



Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Please fill out below. Checking "yes" gives the Fine Tuners permission to use your information, as needed. Thanks.

VP #: _____ yes ___ or no ___

Email: _____ yes ___ or no ___

Pager: _____ yes ___ or no ___

TTY: _____ 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

Please make check payable to NVRC/Happy Hands, and mail to:

NVRC/Happy Hands, 3951 Pender Drive, Suite 130, Fairfax VA 22030

*** Must Have ***

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

(Phone number and name of relative or friend)

Allergies: _____

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

For office use only:			
_____ Treasurer	_____ Date received		_____ Membership Database
_____ Cash Amount	_____ Check Amount	_____ Check #	_____ NVRC Database