



STATEMENT 2023 - 2024 Membership

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*Your payment will cover your membership until the end of our fiscal year, ending May 31, 2024.*

*Amount Enclosed \$30.00 per Family Make Checks payable to NHCA*

***Thank You!***

*Please check the box if you would like to  
donate to the Capital Campaign Fund*

*Total Amount Enclosed* \_\_\_\_\_