



STATEMENT 2025 - 2026 Membership

Name _____

Address _____

Phone _____

Email _____

Your payment will cover your membership until the end of our fiscal year, ending May 31, 2026.

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 _____