

Membership Form

Name(s) _____

Address _____
(Street/Mailing Address)

(City) (State) (Zip code)

Phone Number _____ Email address _____

Membership Type:

Youth (\$5.00) ____ Individual (\$20) ____ Family (\$25) ____ Business (\$50) ____
Patron Lifetime (\$1000) ____

Additional Donation \$ _____

____ I am interested in serving on a GVHS committee. Please contact me with more information.