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**Membership Form**

\_\_\_ I am a current member confirming my contact information.

\_\_\_ I am unsure of my membership status; please contact me.

\_\_\_ I am a NEW MEMBER.

**NHHA dues are $350 for the calendar year. If paying by check, you**

**may pay the full year, semi-annually, or quarterly. Online payments are accepted for the full year amount via Paypal or major credit card.**

**Mail this form w/payment to: NHHA, PO Box 800874, Dallas, TX, 75380-0874.**

***NAME (please print for legibility) Cell Phone Email***

***SPOUSE'S NAME Cell Phone Email***

***ADDRESS Home Phone***

**If we could use help in the future, please let us know your areas of interest.**

**□ Security/Crimewatch □ Independence Day Parade**

**□ Beautification □ Membership Recruitment**

**□ Special Events & Programming □ Marketing/Advertising**

**□ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have questions about NHHA membership, benefits or programs, please email** **membership@northwoodhills.org****.**

NHHA **|** P.O. Box 800874 Dallas, TX 75380-0874 **|** www.northwoodhills.org