

Membership Application

Please attach business card. Complete this form and submit your membership payment.
We are a 501(c) (3) agency and your contribution is tax deductible [Tax ID# 75-3129705]

Company name _____

Primary Contact Name _____ **Title** _____

Phone _____ **Email** _____

Membership Type

Please make checks payable to: **FAHF**

(Payment with credit card are also accepted) Membership Payments are non-refundable

- Government** \$300.00
 Non-Profit \$300.00
 Sole Proprietor Partnership \$300.00
 Partnership \$300.00
 Corporation \$500.00
 President's Circle \$1,500.00
 Rural Community \$125.00
 Student With Business \$125.00

By answering the following question, you will help us establish a company profile that will guide us in matching your business to appropriate opportunities at events and other functions.

Ethnicity of Owner _____ **Business Type** _____

Business Anniversary Date _____ **Number of Locations** _____ **Number of Employees** _____

I am interested in participating in:

- Events**
 Committees
 Volunteering
 None

*Please note that membership is considered pending until payment is received in full.

THE FOLLOWING INFORMATION WILL BE USED IN OUR ONLINE BUSINESS DIRECTORY.

BUSINESS ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

BUSINESS PHONE: _____ **BUSINESS WEBSITE:** _____

ABOUT YOUR BUSINESS:

Signature _____ **Date:** _____

