

# 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]

CompanyName \_\_\_\_\_

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

- |   |   |  |  |  |   |
|---|---|--|--|--|---|
| <input type="checkbox"/> Government<br>\$250.00 | <input type="checkbox"/> Non-Profit<br>\$250.00 | <input type="checkbox"/> Sole Proprietor<br>\$250.00 | <input type="checkbox"/> Partnership<br>\$250.00 | <input type="checkbox"/> Corporation<br>\$500.00 | <input type="checkbox"/> President's Circle<br>\$1,500.00 |
|---|---|--|--|--|---|

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 \_\_\_\_\_

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FRESNO CA 93721

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FRESNOAHF.ORG

