

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

Rural Community	Student w/ Business	Government	Non-Profit	Sole Proprietor	Partnership	Corporation	President's Circle
\$125.00	\$125.00	\$300.00	\$300.00	\$300.00	\$300.00	\$500.00	\$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 Sponsorship Opportunities

*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: _____

