

309 Aviation Parkway, Morrisville NC 27560 www.hsnconline.org



MEMBERSHIP APPLICATION (* required)									
FAMILY INFORMATION									
Family Name*:									
Current address*:									
City*:	State*:	State*:				ZIP Code*:			
Home Phone*:	Work Phon	Work Phone:				Mobile Phone:			
Email*:	News Lette	News Letter*: e-mail / Paper							
Single Married									
FAMILY MEMBERS									
FIRST NAME*	MIDDLE INITIAL	LAST NAME*	SUFFIX (Mr./Mrs./Ms./Dr.)	M/F*	(Self/	ROLE* DOB* EMAIL (Self/Spouse/Child) (MM/DD/ brook) Image: Second Secon		EMAIL	
					(00,		YYYY)		
 Check here if you will like to receive our newsletter electronically. Check here if you will like to receive membership correspondence electronically. 									
MEMBERSHIP For New Membership (Make check payable to HSNC) Membership fees must be paid in full through check or online. Cash is not accepted for the									
membership fees. Membership Type: * Life - \$800 * Annual - \$125 (for respective calendar year only)									
Check one New Membership Renewal Change/Update Annual									
Life Membership Full Life Membership Installment (to be paid full before June 30 th of current year)									
Payment details: Membership \$+ Donation \$ = \$									
\$ Paid by □ Check # (payable to HSNC) OR Paypal Ref. #									
SIGNATURES									
I/we do agree to conform to HSNC constitution and by-laws.									
Signature of applicant:						Date:			
Signature of spouse (only if for a joint membership):						Date:			
#Family Membership includes membership for parents and their children 18 years or less. Family membership does not include grand children or friend									
For Office Use Only –									
Payment Rec'd by: Date Payment Rec'd:\ Amount: \$ Paid by: Cash or Check no									

Please either drop completed form in Temple or send to Membership Administration at 309 Aviation Parkway, Morrisville NC 27560 OR fill digital form and send to membership@hsnconline.org