



HASTINGS-ON-HUDSON

## 2009~2010 MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHILD(S) NAME(S) (first/last)

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

**TYPE OF MEMBERSHIP** (please check one)

**DUES**

Family

\$25

Hastings Teacher/Other

\$10

Donation

\$ \_\_\_\_\_

Amount received: \_\_\_\_\_  Cash  Check

Yes, I would like to volunteer!