



HEART AND HAND FOR THE HANDICAPPED
Association for the Benefit of DIFFERENTLY ABLED Children
P.O.BOX 520230,
Flushing, New York 11352
Registered Not for Profit 501©(3) Tax Exempt Organization-Tax ID No. 23-7344585
www.hhonline.org

MEMBERSHIP APPLICATON

Type of Membership: _____ Date: _____
_____ Life (\$250 one time fee)

Personal Information:

Last Name, First Name, MI (Please Print)

Spouse: _____

Home Telephone Number/E-Mail Address

Home Address

City State, Zip Code

Work Information:

Company: _____

Matching Funds: Yes / No

Work Telephone Number/E-Mail Address at Work if different from above

Emergency Contact Information:

Emergency Contact Name/Relationship

Day Telephone Number

Evening Telephone Number

Signature: _____

Print this application in 100% resolution.

There is only a one time fee of \$250. Please include a check (payable to "Heart and Hand for the Handicapped") in that amount with this completed application and mail it to:

Heart and Hand for the Handicapped
P.O.Box 520230, Flushing, NY 11352