

Name(s) as you would like to appear on-screen (may be anonymous): **PLEASE PRINT** example : John and Jane Smith

--

Member Name (s)

--	--	--

LAST FIRST M.I. (if desired)

--	--	--

LAST FIRST M.I. (if desired)

--	--	--

LAST FIRST M.I. (if desired)

Address:

--	--	--	--	--

NUMBER STREET CITY STATE ZIP

Email : _____ **Phone:** () - _____

**Membership Dues:
Please Check One**

- | | |
|--|--|
| <input type="checkbox"/> \$5 per Individual | <input type="checkbox"/> \$25 Family |
| <input type="checkbox"/> \$100 Guardian Angel | <input type="checkbox"/> \$300 Archangel |
| <input type="checkbox"/> \$100 Community Partners (businesses and organizations) | |

Donation:	\$ _____
Screen Fund Donation:	\$ _____
Total Donation:	\$ _____

**Any donation above membership dues
is tax deductible to the full
extent allowed by law.**

- Check Enclosed** **PayPal**

Privacy Statement: Hull's Angels does not share your personal information with any other persons or organizations.

Volunteer: Please check any areas you are interested in volunteering:

<input type="checkbox"/> Help at the snack bar with drinks and popcorn	<input type="checkbox"/> Sell merchandise and memberships a the Angels Booth
<input type="checkbox"/> Assist with special events	<input type="checkbox"/> Yard work and grounds maintenance
<input type="checkbox"/> Plumbing/Electrical/Sound	<input type="checkbox"/> Construction (framing, concrete, roofing)
<input type="checkbox"/> Correspondence/ Data entry	<input type="checkbox"/> Other