

MEMBERSHIP APPLICATION

Date:	
Name:	
Address:	
City/State/Zip:	
Home Phone	
Work Phone:	
Email Address:	
Membership Type & Annual Dues:	
[] New - \$30 (Individual or Family)	
[] Renewal - \$30 (Individual or Family)	
[] Platinum Membership - \$350 (Lifetime Membership)	

Please send a check made payable to MHDVA and this form to:

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Email: rlaloyo@gmail.com