

Membership Application

Individual \$25.00
Household/family \$50.00

Senior Citizen (60 years+) \$15.00
Senior Citizen couple (60 years+) \$30.00

Additional Contribution \$_____

New Member(s) ____ Renewing member(s) ____

FHA is a 501(c) (3) tax-exempt organization. Membership dues and contribution are tax-deductible under guidelines of the IRS. If you have questions, please consult your tax advisor.

Membership year is October 1 through September 30.

Payment Method:

___ Check payable to Fairfield Heritage Association

___ Charge to my ___ Visa or ___ MasterCard

Credit card # _____

Expiration Date _____/20____

Security Code (last 3 digits on back of card) _____

By signing below, I give FHA permission to send emails to me relating to membership or events. FHA does not sell email lists.

Signature _____

Names(s) _____

Address _____

Phone _____

Email _____