



HERITAGE ASSOCIATION OF FRISCO, INC

MEMBERSHIP APPLICATION

Please Print:

NAME(s): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ ALTERNATE PHONE: _____

Please make payment to HAF, mail form and payment to HAF, PO Box 263, Frisco, TX 75034
Or use Pay-Pal at our website at www.Friscoheritage.org

MEMBERSHIP OPTIONS

Individual Membership: Yearly \$15 Individual Lifetime Membership \$150
Family Membership: Yearly \$25 Family Lifetime Membership \$250
Business Membership: Yearly \$50 Business Lifetime Membership \$500

New Membership Renewal

Membership entitles you to free entry into the Heritage Museum!

Enclosed is my check in the amount of: \$ _____

In addition to my membership I would like to make a donation to help HAF fundraising efforts:
(Contributions are tax-deductible) Enclosed is my contribution in the amount of: \$ _____

I am interested in becoming a HAF volunteer, please contact me.

Thank you for your support and welcome to our Heritage Family!

For Office Use Only

Date Received: _____ Check Number: _____ Amount: _____

Donation Received: _____ Check Number: _____ Amount: _____

Entered by: _____ Acknowledgement Date: _____