



MEMBERSHIP APPLICATION

Please Print

Applicants Name (& Spouse if a Family Membership)

Date _____

Mailing Address: Street _____ City _____ State ____ Zip _____

E-Mail Address _____

Home Phone _____ Cell _____ Business _____

HAF does not share your personal information with any other organization or entity.

MEMBERSHIP OPTIONS

Individual :	Yearly \$15	<input type="checkbox"/>	Individual Lifetime	\$150	<input type="checkbox"/>
Family:	Yearly \$25	<input type="checkbox"/>	Family Lifetime	\$250	<input type="checkbox"/>
Business	Yearly \$50	<input type="checkbox"/>	Business Lifetime	\$500	<input type="checkbox"/>
New Member		<input type="checkbox"/>	Renewal		<input type="checkbox"/>

Membership entitles you to free entry into the Heritage Museum and a 10% discount on HAF gifts shop items.

PAYMENT OPTIONS

Please make checks payable to Heritage Association of Frisco.

1. Mail check and completed application to **HAF, PO Box 263, Frisco, TX 75034.**
2. Deliver completed application with cash or check to the **Membership Desk** at any HAF functions.
3. Complete an application **and pay the cashier at the Frisco Heritage Museum.**

METHOD OF PAYMENT

Check # _____ Cash Amount _____

In addition to my membership, I would like to make a donation in the amount of _____ to help HAF achieve its mission to "Research, Preserve, and Share" Frisco's history.

Contributions are tax-deductible and may be made through any of the PAYMENT OPTIONS listed above.

**THANK YOU FOR YOUR INTEREST AND SUPPORT OF THE
HERITAGE ASSOCIATION OF FRISCO, INC.**