



Fill out the membership/volunteer form  
and mail with check to the address listed below.

*Thank you!*

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Name

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Business Name

---

Mailing Address

---

City

St

Zip

---

Email Address

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Home/Cell Phone Number

Please Mark any of the following:

I want to be a Member

I want to be a Volunteer

Membership Levels:

Student: \$5

Individual: \$20

Family: \$35

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Please mail checks to:

SHC

P.O. Box 87

Heber Springs, AR 72543