

HELPING HAND CEMETERY MEMBERSHIP APPLICATION

APPLICANT INFORMATION				
Name:				
Current address:				
City:	State) :	Zip Code:	
Email Address:				
Home Phone: Cell		Cell Phone:		
DUES:				
□ DONATION (ANY AMOUNT \		NT WILL BE GREATLY	(APPRECIATED)	
□ \$60 ANNUAL				
□ \$500 LIFETIME				
PLEASE MAKE ALL CHECKS PAYABLE TO: HELPING HAND CEMETERY CLUB PO BOX 612 COURTLAND, VIRGINIA 23837 PAYPAL: HELPINGHAND612@GMAIL.COM VENMO: @HAND-HELP612 CASHAPP: \$HHCC612 EMAIL CONTACT: HELPINGHAND612@GMAIL.COM AMOUNT ENCLOSED: PLEASE INDICATE FORM OF PAYMENT: CASH				
CHECK IF INTERESTED IN THE FOLLOWING PROGRAMS/OPPORTUNITIES:				
☐ VOLUNTEER WORK		□ OUTDOOR CL	ASSROOM PROGRAM	
☐ MEMORIAL DAY EVENT		☐ CLEANUP DAY	☐ CLEANUP DAY	
□ NEWSLETTER		□ BRICK PAVER	PURCHASE	
Please save and send completed application to helpinghand612@gmail.com or via mail.				

Date received: _____Board Representative: ____