



Membership Form

Name:

Title:

Address:

Address Cont.

City:

State

Zip/Postal Code:

Country:

Phone:

Fax:

Email:

Membership Type \$25.00 Individual or Family Membership

\$35.00 For Membership and License Plate

Additional
Donation
Amount

For Membership, License Plate and additional donation amount.

Payment
Options

Invoice me for the above amount. Upon receipt of payment I will receive my membership packet and license plate (if ordered). Click submit to complete this process.

Payment enclosed (please print out form and mail to: FAHF; 17200 SE 58th Avenue; Summerfield, FL 34491

Comments: