

## HAAA Membership Application

Family \$10     Business \$20

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Check one:  Mailed Newsletter     Email Newsletter

### **COMPLETE & MAIL**

*Hoagland Area Advancement Association,  
C/O Cindy Wolf  
P.O. Box 55,  
Hoagland, Indiana 46745.*

\*Make Checks payable to  
*Hoagland Area Advancement Association (HAAA)\**