



A 501(C3) Non-Profit Corp.

**P.O. Box 43733
Los Angeles, CA 90043
Ms. Kingston Phone: (323)821-0634**

Email: shellon.shellon@sbcglobal.net

Website: www.henriettahelpinghands.org

Membership Registration Form (Fee: \$25 Annually)

TODAY'S DATE: _____

MEMBERSHIP FEE IS \$25 ANNUALLY.
After filling the form out, please email it to shellon.shellon@sbcglobal.net or drop it off at a designated location.
MAKE ALL CHECKS/MONEY ORDER PAYABLE TO: HENRIETTA HELPING HANDS, INC.

APPLICANT INFORMATION (Please Print Clearly)

Applicant Name				
	Mr./Ms./Mrs.	First Name	M.I.	Last Name
Mailing Address				
	Address	Street	Apt. #	
Contact Information	City		State	Zip Code
	Day Time Phone No.	Evening Phone No.	Cell Phone No.	
	Fax No.: ()			
	Email Address:			
	Birthday:			
Payment Type: Cash [] Check [] Money Order []				

QUESTIONNAIRE

(Please take a moment and answer the questions below so that we can continuously improve)

How did you hear about us?	
What service(s) or activities you would like to see the organization engage in?	
Additional comment(s)	

I HAVE READ ALL THE TERMS AND CONDITIONS AND UNDERSTAND THEM FULLY.

Signature of Applicant _____ DATE _____