



## Hooked On Bands, Inc. Application For Membership

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Membership Type** (circle which applies):    Annual (8.00)    Life (30.00)

**Amount Enclosed (\$):** \_\_\_\_\_

**Tax Deductible Gift (\$):** \_\_\_\_\_