

The Matlacha Hookers, Inc.
P. O. Box 111, Matlacha, FL 33993
www.matlachahookers.org

2019/2020 Membership Application

Membership Dues: \$20/yr.; Membership Year: October 1-September 30

Make checks payable to: The Matlacha Hookers, Inc

First time member ____ (**Joined at: Meeting**_____, (**Date**) **Other** ____ **Renewing member** ____

Name (Please print): _____

Florida Address: _____

City: _____ **Florida** **Zip:** _____

Land Line (_____) _____ (**Cell**): (_____) _____

E-Mail (Notifications will be sent here): _____

Out-Of-State Address: _____

City: _____ **State:** _____ **Zip** _____

Months I am available to volunteer:

☐ I am here all year.

JAN	FEB	MARCH	APRIL	MAY	JUNE
JULY	AUG	SEPT	OCT	NOV	DEC

Area of Interests and Skills:

Merchandise____ **Soliciting**____ **Baking/Cooking** ____ **Phone Calls**____ **Clean Up**____

Organizing ____ **Computer skills** ____ **Decorating** ____ **Making Baskets**____

Other (skills/interests/comments) _____

I am at least 18 years of age.

Signature: _____

Check your email or the website for monthly meeting details

BELOW FOR TREASURER/COMMITTEE MEMBER ONLY.....DO NOT WRITE BELOW ____

Dues Paid: Check # _____ **Cash**____ **Paypal**____ **Date:** _____

Card Given _____ **Added To Database:** _____

REV:JS9.4.19