



Membership Application

MEMBERSHIP CATEGORIES* (Please check the appropriate category)

- Individual Membership: \$25_____
- Individual Senior Membership (65+ not available for business/practitioner listing): \$20_____
- Family Membership (related by blood or marriage living at same residence): \$35_____
- Student Membership (Enrolled fulltime in high school or college): \$15_____
- Business/Practitioner Membership (includes special listing on website): \$40_____
- Gold Patron Membership (includes benefits of all categories and special recognition on website): \$100_____

Note: For Business/Practitioner and Gold Patron members, please fill out the back for your listing on www.hhwa.org. All other members will appear on website as "Supporting Member". Supporting members will be listed with name, email, and phone number. If you do not want your email or phone listed, please note below.

Date_____

Name(s):_____

Address (Line 1):_____

Address (Line 2):_____

City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____

E-mail_____

Mind/Body/Spirit Related
Interests_____

Please include the appropriate membership fee payable to **Huntingdon Health & Wellness Association**. Mail to Treasurer: Chrystal Spayd, 313 Fourth Street, Huntingdon, PA 16652. Membership runs from October 1 to September 30 each year. Must be in paid status to vote in October HHWA Elections.

