

MEMBERSHIP/RENEWAL FORM HOF REUNION ASSOCIATION

Mail to: Hof Reunion Association – 4001 Old Sturbridge Drive – Apex, NC 27539

APPLICANT INFORMATION

PLEASE PRINT

Member		Spouse/Friend	
Last:	First:	Last:	First:
<p style="color: red; font-size: small;">Fill in if new member or change in address – telephone – email address</p> Street-Apt: City: State: Zip Code: - Telephone Number: () -		My Spouse is German from (city) _____, Germany. Maiden Name: _____	
Email Address: (You may use the email address of a relative or friend for the HRA Monthly Update)		Date:	

OPTIONAL INFORMATION

(Optional) Fill in if new member or unsure if completed before.	Member's Birthday (include year) Date:	Spouse/Friend's Birthday (include year) Date:	Wedding Anniversary (include year) Date:
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MEMBERSHIP INFORMATION

check option(s)

One Year Dues \$20
 Two Year Dues \$40
 Three Year Dues \$60
 Four Year Dues \$80
 DONATION \$ _____

Enclosed is a check for \$_____ made out to Hof Reunion Association. *I understand the \$20 Annual Dues is to be used for emailing, or printing and mailing, HRA documents as needed. The HRA Master Roster and HRA Constitution/By-laws are mailed to members without internet service upon initial membership. An email copy of the HRA Master Roster will be provided, on request, to renewing members with Internet Service. The \$20 will also cover postage, printing, envelopes, address labels, telephone expenses associated with reunion business, search for missing colleagues, Web Site, two HRA lapel pins mailed to new members, and other association operating cost. Donations will be deposited in the Hof Reunion Association bank account.*

I am a Widow/Widower of a fellow Hofer or HRA member, and request a free Membership to the organization. Widow/Widower Member cannot hold an Office position, *unless paying dues*. Please complete and return the Membership/Renewal form annually to assure proper roster information. You may email or call the HRA Adjutant instead of mailing the Membership/Renewal form.

Due to financial circumstances, I request the Board of Directors waive my dues.

I am not interested in the "HRA Master Roster" or "Hof Connection Monthly Update". Please remove my name from the Email and US Postal Service listing.

NEW MEMBER TOUR OF DUTY INFORMATION NEW MEMBER

<input type="checkbox"/> USAF	<input type="checkbox"/> US Army	<input type="checkbox"/> GAF	<input type="checkbox"/> US Civilian	<input type="checkbox"/> German Civilian	<input type="checkbox"/> US Dependent
Tour 1	Years at Hof: 19_____ to 19_____	Organization:	Specialty:		
Tour 2	Years at Hof: 19_____ to 19_____	Organization:	Specialty:		
Tour 3	Years at Hof: 19_____ to 19_____	Organization:	Specialty:		
		Organization Example: 602, 606, 6912, 6915, 7307, Army, Commissary	Specialty Example: Admin, Police, Operations, CE Heating, Medic		

GENERAL INFORMATION

Volunteers accomplish all Association work. No wage is paid to any member. The Hof Reunion Association is a 501(C) (19) Organization.

QUESTIONS	HRA Adjutant Stephen Murphrey	Telephone (919) 779-4482	Email hofreunion@nc.rr.com
	HRA Secretary Jerry Mangas	Telephone (610) 856-1105	Email hofreunion@ptd.net