



Print form and send with your payment

2025 MEMBERSHIP DUES - HLAA WESTCHESTER

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS FOR CHAPTER NEWSLETTER AND OTHER ANNOUNCEMENTS:

CELL PHONE: (____) ____ - ____ (we only send important text messages to this number)

ANNUAL MEMBER DUES (check one): ___ Individual (\$20) ___ Family (\$30) ___

(OPTIONAL) VOLUNTARY CONTRIBUTION TO HLAA WESTCHESTER: \$_____

TOTAL AMOUNT ENCLOSED: \$_____

Please make checks out to “HLAA Westchester” and mail to:

HLAA Westchester
P.O. Box 294
Valley Cottage, NY 10989

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