

MEMBERSHIP APPLICATION

North Carolina Handicapped Sportsmen, Inc

Dues:

A. Handicapped \$20.00

B. Able Bodied \$20.00

C. Corporate Sponsors \$ _____

D. Trust Fund \$ _____

Please Print:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

County: _____

E-mail: _____

Membership dues enclosed \$ _____

Additional Donations \$ _____

www.nchandicappedsportsmen.com

Mail to:

NCHS, Inc.

124 W. Waterside Lane

Nags Head, NC 27959

Make checks or money orders payable to:

North Carolina Handicapped Sportsmen, Inc