



# Friends of Healing Hands

## Membership Form

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**Annual Dues are \$60 and Lifetime membership is \$500.**

## Payment Information

**Please Select the amount to charge: \$60 \_\_\_\_ or \$500 \_\_\_\_**

Please make checks payable to "Healing Hands Ministries dba HHM Health" or complete the credit card information below.

Cardholder's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

MC | Visa | Amex Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ \*Email Address Required \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return this form by email or mail to Jean Buys

**Email**

JeanBuys@hhmhealth.org

**Phone**

972-354-8773

**Mailing Address**

**HHM Health**

P.O. Box 741524

Dallas, TX 75374