



Membership Application

MEMBERSHIP CATEGORIES:

(Please check the appropriate category)

Individual Membership: \$25

Student Membership: \$15

(Enrolled fulltime in high school or college)

Individual Senior Membership: \$20

(65+ not available for business/practitioner listing)

Business/Practitioner Membership: \$40

(Includes special listing on website)

Family Membership: \$35

(related by blood or marriage living at same residence)

Gold Patron Membership: \$100

(Includes benefits of all categories and special recognition on website)

*Note: For Business/Practitioner and Gold Patron members, please fill out the back for your listing on www.hhwa.org.

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: Ed Tos, 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.

MEMBERSHIP BENEFITS INCLUDE:

- Discount (10% or more) for most “for a fee” programs offered in the Community Room.
- Annually-Use of the community room with tables and chairs for two hours per room availability
- Some HHWA member practitioners offer a discount to HHWA members so inquire with the practitioner if he/she has available discounts.

Business/Practitioner and Gold Members, please provide the following information (as applicable) for listing on www.hhwa.org:

Name of Business/Practitioner: _____

Business Phone Number: _____

Business Website: _____

Business Facebook Page: _____

Brief Description of Services Offered (200 word maximum):

