



Membership Form

Thank you for your interest in Friends of Henry County Health Center. The purpose of this organization is to support the mission of the health center through activities, programs and fund raising approved by the Friends membership and the Henry County Health Center Board of Trustees.

Membership dues are \$5.00 for the membership year.

The membership year is from July 1 to June 30 of the following year.

Name: _____

Address: _____

Email: _____

Phone | Home: _____ Cell: _____

For office use only:

Dues Paid: _____ Year: _____

