



# Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt./Unit #

City

State

Zip

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Communication Preferences:

- Please add me to GMHCN's email news list
- Please do not add me to GMHCN's email news list
- Please mail *The Pipeline* quarterly newsletter to the address above
- Please do not mail *The Pipeline* to me

Kindly mail this form to GMHCN to the address at the top of this page along with:

- \$5 per year for peer membership
- Scholarship request for peer membership
- \$20 or more suggested donation for supporter and ally membership