

Heart of Hope Members Application Form

Membership Fee & Performance Fee:\$50 Check Title: HOH

Personal Information

Name: _____ Male Female

Birth-date: _____ Age: _____
 Month / Day / Year

School _____ Grade _____

Address: _____

Telephone:(Home) _____ (Mobile) _____

E-Mail: _____

Parents Information

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

E-Mail: _____

Members Interests

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Craft | <input type="checkbox"/> Dancing | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Basketball | <input type="checkbox"/> Music |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Baseball | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Jumping Rope |

Officer Use Only: