

Hadiya Development & Rehabilitation Network (HDRN) EIN# 33-1120270

1606 Ashley River Road

Charleston, SC 29407

E-mail: soolito@gmail.com Phone 843-364-7069

Membership Application Form

Name: (with a title) _____

Sex: Male Female

Application Category: New Renewal

Level of Education: _____ Area of emphasis: _____

Address: (a) Postal: _____

(b) E-mail: _____

(c) Phone: Please include country & area codes

_____ (home)

_____ (other)

(d) Fax: _____

Membership Type: (mark the appropriate box)

Undergraduate Student \$36/yr.

Employee \$120/yr.

Graduate Student \$72/yr.

Board Member \$250/yr.

Honorary

Which of the following areas would you like to get involved in? (You may mark more than one.)

Fundraising _____ Grant writing _____ Board membership _____ Member of Management Team _____

Representative of Branch Office _____

Other (specify): _____

I, _____, have read and understood the bylaws and objectives of HDRN, henceforth, agree to contribute my share of responsibility in paying the annual membership fee timely and to take additional assignments, as well as share constructive opinions that would advance the development of the Hadiya zone.

Signature

Date

Please complete and return this form to the address shown at the top of this page and keep a copy for your records.

Please note: All contributions and donations to HDRN are federal tax deductible.