

New Hampshire Legal Rights Foundation, Inc.

Membership Application

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

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

City/Town: \_\_\_\_\_

State, Zipcode: \_\_\_\_\_

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

I would like to join the NHLRF at the level indicated below:

\_\_\_\_\_ \$5000.00 New Hampshire Legal Rights Advisor

\_\_\_\_\_ \$1000.00 New Hampshire Legal Rights Patron

\_\_\_\_\_ \$500.00 New Hampshire Legal Rights Benefactor

\_\_\_\_\_ \$100.00 New Hampshire Legal Rights Supporter

I do not wish to join at this time but I would like to donate in the amount below:

\_\_\_\_\_

Make checks payable to: NH Legal Rights Foundation, Inc.

Mail this form and check to: NHLRF, 12 Liberty Lane, Grafton, NH 03240-3439

Memberships and Donations are not tax deductible at this time.