



Friends of Healing Hands

Membership Form

Name _____

Email _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Annual Dues are \$60 and Lifetime membership is \$500.

Payment Information

Please make checks payable to HHM Health or complete the credit card information below.

Cardholder's Name _____ Telephone Number _____

Billing Address _____ City _____ State _____ ZIP _____

MC | Visa | Amex Card # _____ Expiration Date _____

Security Code _____ *Email Address Required _____

Cardholder's Signature _____ Date _____

Please complete and return this form by email or mail to Jean Buys

Email

JeanBuys@hhmhealth.org

Phone

214-221-0855 ext 126

Mailing Address

HHM Health

8515 Greenville Ave. Suite N112

Dallas, TX 75243