

MFTHBA Affiliate Application Form

Proposed Affiliate Name: _____

Contact Person: _____

Mailing Address: _____

Phone: Daytime: _____ Evening: _____

*I have read the MFTHBA Affiliate Rules and as a representative of proposed affiliate agree to abide by same.

Signature of Contact Person: _____

Date Signed: _____

**Mail complete application, membership list including officers, copy of by-laws, and the \$100.00 application fee to the MFTHBA national office for approval by the MFTHBA Board of Directors.

For Office Use Only

Date received in the office: _____

Date Approved by the BOD: _____