

# MFTHBA AFFILIATE ANNUAL REPORT

Year \_\_\_\_\_

NAME OF AFFILIATE \_\_\_\_\_

Contact person#1: Please print or type

Contact Person#2: Please print or type

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

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

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

**THIS FORM &  
ANNUAL AFFILIATE  
DUES ARE DUE  
IN THE  
MFTHBA OFFICE  
BY MARCH 1st  
EACH YEAR**

LIST OFFICERS: Please print or type (Must be current MFTHBA members)

Position

Name

MFTHBA Member #

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

MEMBERSHIP LIST (as of \_\_\_\_\_) List all members even if they are not MFTHBA members

Affiliate may attach a typed or computer generated list if desired—**PLEASE PRINT OR TYPE**

<u>Name</u>	<u>MFTHBA Member#</u>	<u>Name</u>	<u>MFTHBA Member#</u>
1. _____	_____	16. _____	_____
2. _____	_____	17. _____	_____
3. _____	_____	18. _____	_____
4. _____	_____	19. _____	_____
5. _____	_____	20. _____	_____
6. _____	_____	21. _____	_____
7. _____	_____	22. _____	_____
8. _____	_____	23. _____	_____
9. _____	_____	24. _____	_____
10. _____	_____	25. _____	_____
11. _____	_____	26. _____	_____
12. _____	_____	27. _____	_____
13. _____	_____	28. _____	_____
14. _____	_____	29. _____	_____
15. _____	_____	30. _____	_____

**If more than 30 members, please use reverse side or attach a typed list**

I Certify that the information on this report is accurate.

Affiliate President's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*AFFILIATE, SEND \$1.00 TO THE MFTHBA FOR EACH AFFILIATE MEMBER\*\*\***

TOTAL AMOUNT SENT \_\_\_\_\_

This includes non-members of the MFTHBA