

HARRISON COMMUNITY NETWORK MEMBERSHIP

Name _____

Business _____
(if applicable)

Address _____

City _____ State _____ Zip _____

Email address _____

Make checks payable to: Harrison Community Network
P.O. Box 118
Harrison, OH 45030

HCN Annual Membership \$5 _____
(individual and family)

Additional contribution to support HCN activities (optional)

Sponsorship level
Friend of HCN \$20 _____
Small business \$25 _____
Business sponsor \$100 _____
Other \$ _____

Total enclosed \$ _____