

**Declaration of Membership Status 2023-2024**

We are so excited you are renewing your membership in HAPFS! As per the Bylaws of the Hillsborough Auxiliary to Peninsula Family Service, all members must declare their status. Please complete the following:

● Mark the appropriate category. Dues checks are payable to “**HAPFS**”

● Mail form and dues directly to HAPFS P.O. Box 2086, Burlingame, CA 94011

● Dues paid online will incur a convenience fee to cover credit card fees

**1.** **\_\_\_\_\_\_\_\_\_\_** **Active - $380**

Commit to attend a minimum of 5 meetings; pay annual dues; purchase 1 ticket to the annual fundraiser; participate in group fundraising, and all other activities.

**2. \_\_\_\_\_\_\_\_\_\_** **Advisory - $380**

Must have 5 years as active member in good standing, including provisional year.

Commit to attend a minimum of 2 meetings; pay annual dues; purchase 1 ticket to the annual fundraiser.

**3a.** **\_\_\_\_\_\_\_\_\_\_** **Annual Sustainer - $55**

**3b. \_\_\_\_\_\_\_\_\_\_ Lifetime Sustainer - $500 (Not Retroactive)**

Must have 6 years as an active, or 5 years as an active and 1 year as an advisory member in good standing, excluding LOA status year/including provisional year. Commit to pay annual dues or lifetime dues; participate in Auxiliary’s activities; is included in and receives invitations to all Auxiliary and PFS events; receives monthly newsletters; access to membership portal on the hapfs.org website.

**4. \_\_\_\_\_\_\_\_\_\_** **Resign**

No longer interested in membership role or news of the Auxiliary. Does not receive newsletters and access to membership portal on website or invitations for any Auxiliary or PFS events.

 If your contact information has changed, please update below.

Name:

Address:

Home Phone: Cell

Email:

Spouse’s Name (if applicable): \_

Signature:

 *Mail form and check to: Hillsborough Auxiliary to Peninsula Family Service*

 *Attn: Wendy Liau*

 *PO Box 2086*

 *Burlingame, CA 94011*

 *Tax ID: 94-6127204*

*Official use:*

*Received by: Date: Check #:*