FOUR HILLS VILLAGE ASSOCIATION

2027 Contributing or Member of Record Membership & Directory Information Form

The required minimum donation for each Contributing Membership is $35.00.

A donation for a Member of Record membership is not necessary

Mail this form to: FHVA P.O. Box 50505 Albuquerque, NM 87181-0505. If donating, please include your your check made payable to FHVA

OR

Join or renew Online as either a Contributing Member or Member of Record at FHVA.org
Click the "Membership" tab and follow the instructions.

It is possible to have both Contributing Members and Members of Record for a single address. Please note that:

- **only** the Contributing Member will receive the additional Contributing Member (CM) Benefits

Below, please provide your contact information exactly as you would like to appear in the "Membership Directory". For any information you would prefer **NOT** have to appear in the directory, please indicate by checking the **NO** box in the column next to the item. This information *will be kept confidential*; and will only used for FHVA correspondence.

I am a CM and want to receive The Chronicle: (please check one box below)

*in print in the mail (CM only) ☐

*Electronically by email ☐

Circle Member Type	Contributing Member ($35 minimum donation) OR Member of Record	**No**	Contributing Member ($35 minumum donation) OR Member of Record	**No**
First Name				
Last Name				
Phone	Please indicate cell or landline		Please indicate cell or landline	
Email				

	House No.	Street	Zip	+4	**No**
Four Hills Village address			87123		
Mailing Address *(if applicable)*					

Should you wish to add additional members, please provide the information on a copy of this form.

Want to make a difference in your community & meet your neighbors? Volunteer!

- Would you consider serving on the FHVA Board of Directors? _____ YES _____ NO
- Would you consider assisting the Board as needed (such as on sub-committees)? _____ YES _____ NO
- Would you consider volunteering for special events such as hosting a National Night Out location, participating in the the twice yearly clean-up or the annual Shred Event? _____ YES _____ NO

Application Date:_____CHECK #_____REV 10.16.2025