Membership Application

www.SecondWindPHC.com

Date: _____

Name: _____

Mailing Address: _____

City State, Zip: _____

Phone: _____ **Email:** _____

Nom de Phlock: _____
(Parrot Head Name—for membership badge)

Birthday (M/D): _____ **Favorite Charities:** _____

Club dues are **$30 per person, per year**. Payable on **January 1st.**

Club dues are NOT tax deductible as a charitable contribution.

If paying by check, make check payable to:

Second Wind PHC

Mail to:

SWPHC Membership
12955 Willowplace Dr. W
PO BOX 690061 Houston TX 77269

PLEASE mail completed form and check to the address above!!

For Zelle© payment there are NO fees:

Please scan the QR code provided.

"Bank Account Payment"

Zelle© payment

For Clover© payment there IS a 3% fee:

Please s.can the QR code provided.

"Credit Card Payment"

Clover© payment

For questions email Membership@SecondWindPHC.com

Cash: ___ **Check:** ___ **Digital:** _____ **Date:** _____ **Accepted by:** _____

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