

HGMS OUTREACH PROGRAM INTEREST FORM

Name: _____

Is your information in the latest HGMS Directory all correct? _____ YES _____ NO

If not, please provide updated information including name, address, phone (residence, business, and cell numbers), e-mail address, and anything else you think we need to know.

What Constable/JP Precinct are you in? _____

Is there any other HGMS member in this District whom you think would like to join you in putting this District into action?

Give name and current information, if not correct in the latest HGMS Directory

Do you know any organization that would cooperate with HGMS and you in providing a location or in sponsoring our activities along these lines?

Any additional comments or suggestions:

Signed: _____