

HAIRSTON-GALLANT
MEMBERSHIP
FORM

Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____

Email (if applicable) _____

Amount Enclosed (\$20 per family Member) _____

Make checks payable to Hairston-Gallant Family Reunion

Please mail to:
Justin McGhee
654 Reed Creek Drive
Bassett, VA 24055