

HAIRSTON-GALLANT  
MEMBERSHIP  
FORM  
2020

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