

Return this form if you would like to have your contact information included in the directory.  
(Information would be included in the directory even if you do not choose to join the GHA.  
However, the directory is only distributed to GHA members.)

Name \_\_\_\_\_

Name \_\_\_\_\_

Greenelefe Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Summer Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Please indicate if you would like to receive next year's Annual Meeting Notice by email.

Yes \_\_\_\_\_ No \_\_\_\_\_

Return to:  
GHA  
PO Box 5192  
Haines City, FL 33845