

## HOSSFLY Membership Form

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone# / Cell# \_\_\_\_\_

Email \_\_\_\_\_

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Please complete this form and mail it, along with a check made out to HOSSFLY for annual dues of \$15 to:

Mike Sharpe  
2519 Brighton Circle  
Biloxi, MS 39531

Thanks and welcome to HOSSFLY!