



2025 MEMBERSHIP FORM

Dues are annual. Membership runs January to December.

NAME (s) _____

- ☐ \$20 Individual - HSV Club membership
- ☐ \$40 Couple - HSV Club membership
- ☐ \$50 Couple - Razorback Foundation membership **INCLUDES** HSV Club membership. (Visit razorbackfoundation.com for more information.)

* The HSV Razorback Club and the Razorback Foundation are non-profit (501)(c)(3) organizations. Your donation may be tax deductible.

*EMAIL ADDRESS _____

MAILING ADDRESS _____

CONTACT PHONE (please indicate if cell or home) _____

*Your email address allows us to send you club information regarding events and payment confirmation for dues, dinners, etc. Please save **info@hsvhogs.com** in your email contacts.

Please make checks payable to **HSV RAZORBACK CLUB** for regular membership.
To join the RB Foundation – make checks payable to RAZORBACK FOUNDATION.

Please mail completed form
and check to:

HSV Razorback Club
PO Box 8422
Hot Springs Village, AR 71910

Check# _____