



# HOO-HOO INTERNATIONAL

The Fraternal Order of the Forest Products Industry  
207 E. Main Street, PO Box 118, Gurdon, AR 71743  
Phone: 870-353-4997 Fax: 870-353-4151  
Email: [info@hoo-hoo.org](mailto:info@hoo-hoo.org)

Date of application: \_\_\_\_\_

Official HHI member ID # \_\_\_\_\_  
(If you do not remember your number, leave blank)

**Revised September 2023\***

## APPLICATION FOR REINSTATEMENT See Bylaws for eligibility

**To the Snark of the Universe:** *I, the undersigned, do hereby make formal application for reinstatement in the International Concatenated Order of Hoo-Hoo, and do declare that I will subscribe to and abide by the Constitution, By-Laws and Code of Ethics of the Order.*

Please print your information below and make sure the form is complete before sending in.

First Name: \_\_\_\_\_ Middle name (optional): \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Name: \_\_\_\_\_

Phone Number (home / cell): \_\_\_\_\_ Email address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Type: \_\_\_\_\_ (ie. Manufacturer, Wholesaler, Retailer, other)

My Connection with the business: \_\_\_\_\_ (ie. Owner, Executive, Manager, Salesperson, etc)

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Previous Hoo-Hoo Club Affiliation: \_\_\_\_\_

I was concatenated at \_\_\_\_\_ by \_\_\_\_\_ Hoo-Hoo Club # \_\_\_\_\_  
(LOCATION) (CLUB NAME)

on \_\_\_\_\_, 20\_\_\_\_  
(DATE)

**Applicant must have approval from 4 sponsors in good standing:**

_____	_____
Sponsor	Hoo-Hoo Number
_____	_____
Sponsor	Hoo-Hoo Number
_____	_____
Sponsor	Hoo-Hoo Number
_____	_____
Sponsor	Hoo-Hoo Number

### Required Hoo-Hoo International Dues

Local Club Dues: \$ \_\_\_\_\_ (only if joining a club)

HHI Annual Dues: \$ 69.99

Reinstatement Fee: \$ 5

Total amount included with this application:

\$ \_\_\_\_\_

Payment Method: (circle one)

Check

Cash

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Vicegerent Snark

\_\_\_\_\_  
Date

**CLUB INSTRUCTIONS: Application with dues shall be forwarded upon re-concatenation to HHI International Office.**

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