



Membership Form

(Clerical use only — Payment Received by _____ Date _____)

Name: _____ DOB: _____

Address: _____

Plantation and City: _____ Zip: _____

Telephone: _____

E-mail: _____

OK to share e-mail with HHCS members? YES NO Returning Member 1st Time Member

Please Circle your Voice Part: Soprano 1 2 Alto 1 2 Tenor 1 2 Bass 1 2

I plan to sing: Pops Christmas Spring | Memorial

	Very Experienced	Some Experience	No Experience But Willing To Help
FINANCIAL/MANAGERIAL			
Accounting/Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales/Marketing/Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations & Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graphic Design/Printing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATIVE TASKS			
Preparing Mailers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheets/Database/Word Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website Design & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUDIO VISUAL			
Still Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Production/Editing Duplicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERT ACTIVITIES			
Stage/House Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tickets/Audience Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library Functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUNDRAISING			
Special Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solicitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUMAN RESOURCES			
Member Recruitment/Member Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER			
Medical Training (Doctor, Nurse, EMT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything on the list you would like to do for the group			

MAIL TO: HILTON HEAD CHORAL SOCIETY, P O BOX 22235, HILTON HEAD ISLAND, SC 29925