



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			
Sales/Marketing/Advertising			
Grant Writing			
Public Relations & Promotion			
Graphic Design/Printing			
ADMINISTRATIVE TASKS			
Preparing Mailers			
Answering Phone			
Spreadsheets/Database/Word Processing			
Website Design & Management			
AUDIO VISUAL			
Still Photography			
Video Production/Editing Duplicating			
CONCERT ACTIVITIES			
Stage/House Manager			
Tickets/Audience Seating			
Library Functions			
FUNDRAISING			
Special Events			
Solicitations			
HUMAN RESOURCES			
Member Recruitment/Member Training			
Section Leader			
OTHER			
Medical Training (Doctor, Nurse, EMT)			
Anything on the list you would like to do for the group			