



## 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
<b>FINANCIAL/MANAGERIAL</b>			
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"/>
<b>ADMINISTRATIVE TASKS</b>			
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"/>
<b>AUDIO VISUAL</b>			
Still Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Production/Editing Duplicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONCERT ACTIVITIES</b>			
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"/>
<b>FUNDRAISING</b>			
Special Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solicitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HUMAN RESOURCES</b>			
Member Recruitment/Member Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>			
Medical Training (Doctor, Nurse, EMT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anything on the list you would like to do for the group</b>			

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