



Membership Form

Membership dues - \$130 per year

One form per member

Clerical use only – Payment received by _____ Date _____

Name: _____

Address: _____

Neighborhood and City: _____ Zip: _____

Home Phone: _____ Mobile: _____

Email: _____

Please circle your responses below:

OK to share email with HHCS members? YES NO

New Member? YES Returning Member? YES How many years? _____

Voice part: Soprano 1 2 Alto 1 2 Tenor 1 2 Bass 1 2

I plan to sing: Christmas Spring Memorial Day Weekend

The HHCS Board is following the guidance of similar organizations and will be requiring that all participating members be fully vaccinated to participate in the HHCS this fall. This decision is based on the health and welfare of all involved. You will be asked to show your vaccination record to our COVID coordinator or your section leader for confirmation (picture on your phone, copy, etc., is fine).

Circle the vaccine you received: Moderna Pfizer Johnson & Johnson

Date of 1st shot: _____ Date of 2nd shot: _____

Signature: _____

COVID coordinator/section leader initial here: _____