



2024-2025
MEMBERSHIP FORM
ONE FORM PER MEMBER

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? _____

How did you hear about us? _____

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

I plan to sing: Fall Holiday Spring Memorial Day Weekend

Skill Sets/Background: Do you have any particular skill sets or background that may be of benefit to HHCS?

No auditions.
Love of singing and ability to match pitch required.

Membership dues - \$130 per year
Limited Scholarships Available for a membership

Mail the membership form and dues to:

Kathy Burmeister at 6 Stockton Lane, Okatie SC, 29909

Clerical use only – Payment received by: _____ Date: _____