



2025-2026

## 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

**How tall are you?** \_\_\_\_\_

**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: \_\_\_\_\_