



2026-2027

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: _____

	Very Experienced	Some Experience	No Experience But Willing To Help
FINANCIAL/MANAGERIAL			
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"/>
ADMINISTRATIVE TASKS			
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"/>
AUDIO VISUAL			
Still Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Production/Editing Duplicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERT ACTIVITIES			
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"/>
FUNDRAISING			
Special Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solicitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUMAN RESOURCES			
Member Recruitment/Member Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER			
Medical Training (Doctor, Nurse, EMT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything on the list you would like to do for the group			