

HCA MEMBERSHIP APPLICATION

MEMBERSHIP YEAR 07/01/2008 – 06/30/2009

Part I: Please Check One of the following:

- Individual (Regular) Membership \$10.00 Must be 18 years of age or older.
 Family Membership \$20.00 Includes legal spouse and dependent children under age 18.
No. of Dependants: _____
 Honorary Membership \$5.00 Non-participating / non-voting individuals. For example, may be an active member of another reenacting group (e.g. a military unit), but may also participate with and/or support HCA at events. Not required to meet the min. HCA event attendance. Receives Newsletter and/or has access to the HCA Yahooogroups Discussion Forum.

Are you a member of a Regional Organization? If YES, checkmark ALL that apply:

- ACWS (American Civil War Society)
 FTHA (Fort Tejon Historical Association)
 NCWA (National Civil War Association)
 Other: _____

Part II: (Please Print Clearly)

Primary Member

New Member Continuing Member (since _____)

Last Name

First Name

Mailing Address

City, State, Zip

Main Phone (Circle One: Home / Work / Mobile)

Email

Phone (Circle One: Home / Work / Mobile)

Date of Birth:

Spouse:

Last Name

First Name

Main Phone (Circle One: Home / Work / Mobile)

Email

Phone (Circle One: Home / Work / Mobile)

Date of Birth:

Dependants:

NAME

M/F

DATE OF BIRTH

1. _____

2. _____

3. _____

4. _____

5. _____

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Part III: SIGNATURES:

I/We the undersigned, agree to abide by the By-laws and the Policy Manual governing the Historical Citizens Association (HCA). I/We hereby certify that all statements made on this application are true and correct to the best of my/our knowledge, and understand that any false statements or violation(s) of the By-laws and the HCA Policy Manual governing the Historical Citizens Association (HCA), will subject me/us to possible disqualification and/or dismissal.

Signature (Primary Member)

Date

Signature (Spouse)

Date

Mail signed form and check payable to **Historical Citizens Association**

10432 Law Drive, Garden Grove, CA 92840

Administrative Use Only

Cash / Check No.	
Amount Paid	
Rec'd: Event / Mail	
Date Data Entered	
Data Entered By:	
Member ID#	