



# MEMBERSHIP APPLICATION

## MEMBERSHIP YEAR 07/01/2009 – 06/30/2010

**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 Yahoogroups Discussion Forum.]

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

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

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**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



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**Part II (CONT.):** (Please Print Clearly)

**Dependants:**

<u>NAME</u>	<u>M/F</u>	<u>DATE OF BIRTH</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

**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.		Received Via:	Event / Mail / Annual Meeting
Amount Paid		Date Received	
Amt For:	Dues / Donation	Date Deposited to Bank:	
(If for both, specify amt each)		Data Entered By:	
		Membership Card Sent:	