



MEMBERSHIP APPLICATION

NAME:

ADDRESS:

CITY, STATE, ZIP:

FAMILY MEMBERS INLCUDED:

PHONE:

EMAIL:

To Figure Membership

Membership Dues:

Membership Fee: \$ 10.00

Cart Fee:

Total Fees Owed: (add 3 together)

Sales Tax (Total x .07)

Total Owed: (Total Fees + Sales Tax)

** Membership application includes the adherence to the HCC Code of Conduct and membership can be revoked by the HCC Board due to conduct violations**

PLEASE RETURN THIS APPLICATION OR A COPY