## **HCA Membership Form**



| 1 Membersh   | hip Information                 |           |   |  |
|--|---------------------------------|-----------|---|--|
| First Name   | irst Name Middle Name (Initial) |           |   | Last Name  |
| Mailing Address  |                                 |           |   |  |
| City State   |                                 |           |   | Zip Code   |
| Telephone Number   | Email                           | I         |   |  |
| Additional Household   | Members                         |           |   |  |
| Additional Household   | Members                         |           |   |  |
| 2 Membership Fees  |                                 |           |   | Please help us out by responding to the  |
| Associate Member/Newsletter yearly dues Each Additional Household Member (Please list additional household members above.)   |                                 |           | \$40.00<br>\$10.00                                    | \$40.00 following:   |
| Please consider renewing as an Endowment Member Basic Associate membership dues (\$40.00, plus \$10.00 each additional household member) are included in each level. The remaining amount goes into the Endowment Fund. Participation is voluntary.  Individual Contributing (one person) Joint Contributing (two people, same household) Family Contributing (parents and children under 18) Patron Sponsor |                                 |           | \$50.00<br>\$60.00<br>\$75.00<br>\$125.00<br>\$250.00 | I am Renewing my Membership  HCA may share my contact information with local Heisey Study Clubs:  Yes No |
| Benefactor   |                                 |           | \$500.00  | 5 Mail To  |
| Additional Options:  Voting Membership (one time fee) \$2  First Class newsletter mailing (yearly) \$2  (Foreign countries will be billed actual cost)  Make a donation to the Museum Operating Fund \$  |                                 |           |   | Membership Clerk Heisey Collectors of America 169 W. Church St. Newark, Ohio 43055                       |
|  | Tota                            | al Amount | <b>5</b>  | If paying by credit card, this form may be faxed to (740) 345-9638.                                      |
| 4 Method of Payment  |                                 |           |   |  |
| Check (Payable to Heisey Collectors of America, Inc.)  |                                 |           |   |  |
| Credit Card  | Visa Mast                       | erCard    | Discover  |  |
| Card Number         Exp. Date/         Security Code   |                                 |           |   |  |
| Cardholder Name  |                                 |           |   |  |
| Signature  |                                 |           |   |  |