

HCA Membership Form



1 Membership Information

First Name _____ Middle Name (Initial) _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email _____

Additional Household Members _____

Additional Household Members _____

2 Membership Fees

Associate Member/Newsletter yearly dues **\$30.00**
Each Additional Household Member **\$5.00**
(Please list additional household members above.)

Please consider renewing as an Endowment Member.

Basic Associate membership dues (\$30.00, plus \$5.00 each additional household member) are included in each level. The remaining amount goes into the Endowment Fund. Participation is voluntary.

Individual Contributing (one person) **\$50.00**
Joint Contributing (two people, same household) **\$60.00**
Family Contributing (parents and children under 18) **\$75.00**
Patron **\$125.00**
Sponsor **\$250.00**
Benefactor **\$500.00**

Additional Options:

Voting Membership (one time fee) **\$25.00**
First Class newsletter mailing (yearly) **\$20.00**
(Foreign countries will be billed actual cost)
Make a donation to the Museum Operating Fund \$ _____

Total Amount \$ _____

3 Please help us out by responding to the following:

I am a New Member
I am Renewing my Membership

HCA may share my contact information with local Heisey Study Clubs:

Yes
No

5 Mail To

Membership Clerk
Heisey Collectors of America
169 W. Church St.
Newark, Ohio 43055

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** **MasterCard** **Discover**

Card Number _____ Exp. Date ____ / ____ Security Code _____

Cardholder Name _____

Signature _____