



HCAA Membership Application

(Please Print)

Name: _____

Last-First-Initial

Spouse

Address: _____

Street

City, State

Zip+4

Telephone H: _____ Cell: _____

E-mail: _____ Website: _____

I do not have an email address, please send my newsletter via the US post office: _____

Please accept my application for membership in HCAA, a non-profit, benevolent organization that depends entirely on volunteers to carry out its programs. I am applying for (please check level of membership in which you are interested):

- Senior \$40
- Regular \$50
- Patron \$100 and up

Members can purchase supplies and books at a discount of 25%, and attend the monthly meeting and demonstrations. Members also receive the newsletter with news of the Gallery shows, classes & workshops, and updates on the various activities of HCAA.

There are many opportunities for members to get involved. We hope that you would give us at least three hours of your time each month. Please check which area you would like to help out:

- Board of Directors
- Fall Open Show
- Auction
- Membership
- Co-Op Gallery
- Bellaire Art Festival
- Newsletter
- Publicity/Marketing
- Other _____

Please make your check payable to HCAA and mail to:
HCAA Membership, 5202 Bissonnet, Bellaire, TX 77401-3910.

Signed: _____ Date: _____

Check no. _____ Amount _____