HCCA Membership Application

This form is available online with instructions for online payment at: http://howardcountyhcca.org/online-membership-form/

Howard County Citizens Association
Since 1961…
The Voice of the People of Howard County

Section 1: Primary Member Information:

Name: _____

☐ Retiree/Student [Reduced Annual Member Fee] ☐ Non-Retiree

☐ New Member ☐ Renewal

Address: _____

Telephone (primary): _____(other) _____

E-mail: _____

Areas of special interest and/or expertise:

Area	Interest	Expertise	Area	Interest	Expertise
1. Agricultural preservation	◯	◯	8. Parklands, open space	◯	◯
2. Community revitalization	◯	◯	9. Public Health	◯	◯
3. Crime and public safety	◯	◯	10. Public Transportation	◯	◯
4. Education	◯	◯	11. Senior Issues	◯	◯
5. Environmental Issues	◯	◯	12. Smart Growth	◯	◯
6. Historic Preservation	◯	◯	13. Zoning	◯	◯
7. Housing	◯	◯	14. Other:_____	◯	◯

Section 2: Additional Member Information: *If other family members are joining, please provide their information below:*

Name (please print)	Primary Phone	E-mail	Key Area Of Interest

Section 3: Dues. *Annual dues are $20 for individuals/non-retirees and $10 for retirees, students and additional family members.*

Description	Amount
Amount for dues (primary member)	$_____
Additional member dues (number joining ____ x $10)	$_____
Additional contribution amount (optional)	$_____
Total amount enclosed:	$_____

Section 4: Acceptance of Mission Statement (New Members Only)

HCCA MISSION STATEMENT

The Howard County Citizens Association (HCCA) is a non-partisan organization of County residents. Our purpose is to bring residents together to provide them a means of expressing their views on the affairs of Howard County and advancing interests for: exemplary government and delivery of services; sound fiscal policies and responsible administration of public funds; orderly growth and development in the best interests of its residents and the environment; educational system excellence; preservation of agricultural, historical, and open space

Membership in HCCA is open to all Howard County residents who accept HCCA's mission statement.

I /we accept the above mission statement as a condition of my /our membership(s).

Signature: _____

☐ If submitting this form online, or registering multiple family members, please check this box to indicate acceptance of the mission statement by all persons registering.

Section 5: How did you hear about us?

Internet Search ☐ Friend/Colleague ☐ Blog ☐ Newspaper/ Online Article ☐ Event ☐ Listserv ☐ Other ☐

Join the HCCA online discussion group listserv at: https://howardcountyhcca.org/get-involved/join-the-hcca-e-mail-listserve/