

Hungarian American Cultural Association (HACA) of Houston

P.O. Box 35334 Houston, TX 77235

www.HACAhouston.org

Application for Membership

Applicants Name (First, Middle Initial and Last) _____

Spouse's Name (First, Middle Initial and Last) _____

Children under 18:

Mailing Address:

Street/Box _____

City _____ State _____ Zip _____

Tel (home): _____ Business: _____

Fax Number: _____

Email Address _____

Unless you specify otherwise, we will be sending you notifications regarding events via email. Please add Info@HACAhouston.org to your address book.

Please indicate Membership status:

Family status is: \$50 per year _____

For single status is: \$25 per year _____

Membership is due January 30 and is for the calendar year – please make checks payable to HACA.

Signature _____ Date _____

In addition to my membership I would like to make a donation to HACA in the amount of:

(check one)

_____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1,000 _____ other

Many companies offer match programs that support employee's interests in charitable giving. Please visit our website at www.HACAhouston.org for a list of some companies that offer employee matching programs.

Please enclosed payment and send to HACA ~ P.O. Box 40343 ~ Houston, Texas 77240