



LA CROSSE
HMONG
CULTURAL & COMMUNITY CENTER

1815 Ward Avenue, La Crosse, WI 54601
Phone: (608) 781-5744

Form# 1

HCCC New Membership Application Form

This applicant(s) who is specifically seeking enrollment as New Membership in the Hmoob Cultural and Community Center (HCCC). Applicant must be 18 years old to apply. All members have the right to:

1. Run for any HCCC office if qualifications are met (see HCCC's bylaws)
2. Volunteer to serve on any HCCC's sub-committees.
3. To participate, vote, and have a voice in all open membership meetings of the HCCC.
4. Receive discount for facility's room rentals for bis/small events, conferences, meetings, etc., but excluding all memorial services rental.

HCCC has 2 classification memberships available for applicants to choose from below:

1. **Memorial Membership:** This membership is only purpose to use the facility to conduct a traditional funeral/memorial and/or soul release service. Prospective members shall be required to attend a new orientation under such rules, procedures, and policies by the Board of Directors. All new members will be on 90 days probationary period to receive full benefits.
 - a. **Donation Applies:**
 - i. **Donation**
Enrollment: 1-2 person(s): \$1,000.00 /per person 3-6+ persons: \$200.00/per person
 - ii. **Annual Donation:** \$30.00/per member
 - b. Facility room rental with 20% discount.
 - c. **Agency Protection Clause:** Any new member who passes away within the 90 days (3 months) probationary period will receive no membership benefits. However, that member's survivors will receive **full credit** of any fees that have been **paid to that date** toward the deceased person's Memorial Services fees, but only if the services are conducted at the Hmoob Cultural and Community Agency in La Crosse. After the 90 days (3 months) probationary period, all new members will receive all benefits granted under the preferred membership classification (see HCCC's membership policy).
2. **Auxiliary Membership:** This is a community at-large membership for any individual, agency, organization, or business that supports the mission and purpose of the HCCC. There are 4 distinct levels of choices to choose from:
 - a. **Business/organization/non-profit member:** Any Business, Organization, or Non-Profit that desires to support the HCCC Mission/Vision and those whose are not eligible for other class of memberships. A required donation: \$250.00/per year with a 50% discount on facility rental.
 - b. **Culture preservation member:** Individuals who support and contribute to HCCC to promote and preserve Hmong culture and arts to meet the community needs. Fee: \$100.00/per year with a 35% discount on facility rental.
 - c. **Honorary member:** Persons whom the HCCC may offer membership in recognition of their distinguished service to the organization. A required donation: \$50.00/per year with a 25% discount on facility rental.
 - d. **General member:** The general membership represents individuals demonstrating a genuine interest in supporting the HCCC. A required donation: \$30.00/per year with a 20% discount on facility rental.

Section A – Applicant's Information

Business / Organization name		Date of Application		
Applicant's name (Policy Holder/Head of Household)	Phone	E-Mail (optional):		
Supervisor's name (if name it's different from applicant)	Phone	E-Mail (optional):		
Address:	City:	State	Zip	Same Mailing Address Provided <input type="checkbox"/> Yes <input type="checkbox"/> No, provide blow
Mailing Address:	City:	State	Zip:	Business / Organization Tax ID#

Section B – HCCC Membership (must check one)

Memorial Membership

Auxiliary Membership

☐ \$1,000.00/per person: 1–2 person(s)

☐ \$250.00/per person: Business/Organization

☐ \$200.00/per person: 3–6+ persons

☐ \$100.00/per person: Culture preservation

☐ \$50.00/per person: Honorary

☐ \$30.00/per year: General

Section D – Household Members *(Memorial Membership use only for family members listed)*

Coding for Relationship: HH=Self as the applicant: Head of household/policy holder, SP=Spouse, BR=Brother, SS=Sister, F=Father, M=Mother, A=Aunt, U=Uncle, BIL=Brother-In-Law, STL=Sister-In-Law, SIL=Son-In-Law, DIL=Daughter-In-Law, SN=Son, DT=Daughter, NP=Nephew, NC=Niece, MIL=Mother-In-Law, and FIL=Father-In-Law

#	ID#	First and Last Name	Sex	D.O.B	Relationship Coding	Donation Enrollment	Annual Donation	Total
						Total Amount Due:	\$	

Section E – Terms and Conditions of Memberships

All memberships will be held bound by the By-laws and all other regulations, policies, manuals, guidelines, and reasonable directions of the HCCC. It is my responsibility to notify the HCCC within ninety (90) days consecutive days of any change(s) in my status and to always know the membership status or classification of everyone within my policy.

Membership Donation Amendment - In accordance with the Bylaws, the Board of Directors shall have the right to amend the membership renewal application and/or set the annual membership donation for the up-coming year.

Misrepresentation: The Applicant understand that HCCC officials reserve the right to verify any information provided on this application and that any deliberate misrepresentation of the information in this application authorizes the HCCC to deny, revoke, and/or terminate membership benefits and retain any donation already paid to the HCCC.

Renewal Period – Annual renewal of membership donations compulsory and is non-refundable. The renewal process will start on January 1st and end on April 30th each year. All members in Good Standing shall be received a membership renewal notice ("Notice"). The Notice shall be mailed, delivered, or emailed to the member's address or email address as it is registered with HCCC.

Cancellation – A request for cancellation will only be accepted by giving a written notice to the HCCC Board of Directors within fourteen (14) days from its completed applicant's date approval of membership acceptance to receive its full refund. If were to cancel after fourteen (14) days after applicant form date's approval, will be refunded fifty percent (50%) refund from its enrollment.

Liability: I understand that, upon signing this form, any family member(s) not listed in my existing membership application will not be entitled to receive the Continuing Membership classification benefits. I understand that there is a 90 consecutive day probationary period for new Continuing Members prior to their receiving the full benefit of their membership classification. I understand that any individual member, listed on my application, will be credited the full amount of fees paid should that individual pass away and survivors need to utilize the HCCC for his/her funeral services before the 90 days (about 3 months) probation period is completed and only if the memorial service is conducted at the Hmong Cultural and Community Center (HCCC) in La Crosse.

1. I have read and understand this Membership Policy. I will be held bound by the By-laws and all other regulations, policies, manuals, guidelines, and reasonable directions of the HCCC.
2. I understand that HCCC officials reserve the right to verify any information provided on this application and that any deliberate misrepresentation of the information in this application authorizes the HCCC to deny, revoke, and/or terminate membership benefits and retain any fees already paid to the HCCC.

3. I acknowledge my duty to pay the annual membership fees as established by the HCCC, on or before April 30th of each and every year in order to maintain my family membership and retain my Preferred Membership Classification.
4. I understand read and understand my benefits that apply to my membership and that my benefits may change/drop upon unable to continue my Annual Fee payment.
5. I declare that all information I provided is true and correct. I have read, understand, acknowledge, and agree to all terms of this membership application.
6. I agree that, if I fail to to contact the Membership Coordinator/HCCC Staffs of any financial crisis arrangement needed and missed 2 (two) annual fee payments. My status will fall under the circumstances by the by-laws, membership policy, and other regulations as long as they are inforce.

Please make check/money order payable to **Hmoob Cultural and Community Agency or HCCC** and deliver or mail to address above.

Applicant Print Name & Title

Applicant Signature

1/29/2025
Date

HCCC Official Use Only

Check for all forms to be attached to the applicant to be completed by applicant before documenting, filing, and recording. (Renewal Annual Fee Form#2, Reinstate Form#3, Transfer/Adding Member Form#4 must be sign and completed to be attached to its application form)

Membership Applicant Holder Approval: ☐ **Approved** ☐ **Denied**, *must note its reasoning, and do attach any documents may applied.*

Check any listing for membership criteria for documents in-needed of proof:

☐ **Marriage Verification** ☐ **Birth Certificate** ☐ **Divorce Court/Letter** ☐ **Power of Attorney** ☐ **Written Letter**

Based on the current HCCC membership record on file, this member's (individual/family) membership status is:

☐ **Preferred – Active** ☐ **Preferred Delinquent/Delinquent/Legacy – In-Active** ☐ **Revoke - Cancel** ☐ **Suspend** ☐ **Terminate** ☐ **Incomplete Application**

Amount Received

Payment method received

Financial Monthly Payment Plan

Financial Monthly Payment Due Date

☐ **Cash**

☐ **Check:**

\$ for 6 months payment plan

day due of the month

Received by (print name)

Receiver's Signature

Date

Check any copy(s) of document(s) provided for applicant:

☐ **HCCC Membership Application Form** ☐ **Renewal Annual Membership Form** ☐ **Marriage Verification Form** ☐ **Financial Payment Plan**

☐ **Reinstate Membership Form** ☐ **Transfer/Adding Member Form** ☐ **Reinstate Membership Form** ☐ **Updated Membership Form**

By signing below, I have confirmed that the membership status of the member(s) in statement above is true and accurate

Office staff printed name and title

Office staff's signature

Date

Only if approval is needed to adapt to policy case by case must attach meeting minutes of all approval.

Board President printed name

Board President's signature

Date

Notes/reasoning: