

HCCC Department of Cultural Affairs
 Benjamin J. Dineen III and Dennis C. Hull Gallery



DINEEN HULL GALLERY COLLECTORS CLUB MEMBERSHIP		
APPLICANT INFORMATION		
Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Are you an HCCC student? YES NO	HCCC ID#:	Major:
EXPERIENCE		
Please detail your experience with art viewing and/or collecting. Include a list of galleries or studios in NJ/NY that you have visited:		
What are you hoping to experience as a member of the Collectors Club?		
EMERGENCY CONTACT		
Name:		
Relationship:	Phone:	
SIGNATURE		
I authorize my membership and verify the information provided on this form.		
Signature of applicant:	Date:	