## 2019 IHHPA MEMBERSHIP FORM

Name:		Male () Female	()
Addres	s:		
City:		, IA ZIP	
Phone	()Date	e of Birth (M/D/Y)	_
	Address * e include Email address for tournament inf	formation updates and IHHPA news	s updates
Check on	HPA/IHHPA Dues \$40 ne: () Membership Renewal Ca Distance: () 30 Feet () 40 Feet	ard #240; or () New Mer	<b>\$</b> _mber
Check on	ues (Free) ne:() Jr. (18 & under for entire calendar me:() Membership Renewal Card #240_	,	r for entire calendar year)
Second Check of Second Birthdat	d Adult Member in household, Dues \$28 d Adult Member's Name: one: () Membership Renewal Ca	Male () Female ( ard #240; or ) Feet () 40 Feet 	\$ ( <u></u> )
Mail to Deb Da 1306 N	ENCLOSED (make checks payable to IH : avis, IHHPA Sec./Treas. IW Greenwood St. y, IA 50023	IHPA)	\$
	lewsletter (included with membership): one: () Receive by e-mail (include e-mail		mail
(1) Tria	MBERS ONLY BEGINNING JANUARY 1 al Membership – no sanction dues. May percurrent calendar year (January 1, 2019 towsletter and no state or national voting right	olay in one sanction tournament or on December 31, 2019) No NATSTA	
201 31,	ovisional Membership \$10 sanction due 19. NATSTATS <u>are</u> reported. No state or 2019, provisional member must upgrade ytime upon payment of additional \$30 for s	national voting rights; no charter not full membership. May upgrade t	ewsletter. After December
Trial or P	rovisional Member Name and address:		
Contact i	mformation: Telephone number	: e-mail;	