

2011 MEMBERSHIP APPLICATION
NATIONAL HORSESHOE PITCHER'S ASSOC - INDIANA CHARTER

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ DATE OF BIRTH: _____

LEAGUE/EMAIL: _____

YEARS OF MEMBERSHIP: _____ (%) LAST YEARS CARD #: _____

IF NEW SHOW 1 YR & LIST QUALIFYING AVERAGE & SEND COPY OF 100 QUALIFYING SHOES

MEMBERSHIP CATEGORY: ADULT MEN _____ PITCHING DISTANCE: 40 FEET _____
ADULTS \$ 25.00 ADULT WOMEN _____ LESS THAN 40 FEET _____
JUNIORS \$5.00 JUNIOR BOY _____
LIFETIME MEMBERS \$8.00 JUNIOR GIRL _____
(50* YRS OF MEMBERSHIP) LIFETIME _____

Mail a check or money order made payable to the INHPA to: INHPA Secretary Sharon Chiddister 1008 College Ave. Goshen, IN 46526

USE FOR IHPA SEC ONLY: \$ received on _____ 2010 IHPA _____
CHECK _____ 2009 CARD # _____ HS MASTER _____
MONEY ORDER _____ CARD SENT _____ HORSESHOES _____
CASH _____ DEPOSITED _____ CARD FILE _____

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