

# 2024 HSTPA ASSOCIATE MEMBER FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Associate Membership includes HSTPA Schedule Book and included on our mailing list.

HSTPA Associate membership fee is **\$40.00** per year and will be valid thru December 31<sup>st</sup> of paid year.

Make checks payable to HSTPA

Membership Fee \$40.00

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Please complete this form and send your submission to: HSTPA, 6705 E CR 900 N, Brownsburg, IN 46112