

# 2024 HSTPA MEMBERSHIP FORM

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

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

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

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

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

Class: \_\_\_\_\_ NTPA Number: \_\_\_\_\_ Vehicle Name: \_\_\_\_\_

Membership fee **\$125.00** before March 1<sup>st</sup>, **\$175.00** after March 1<sup>st</sup>.

If you wish to receive 2024 end of season point money, competitor must post a additional \$100.00 point money by April 1<sup>st</sup>.

Make checks payable to HSTPA

Membership Fee \_\_\_\_\_

Point Fee \_\_\_\_\_

Total \_\_\_\_\_

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

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