

2025 HSTPA MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address _____

Class: _____ NTPA Number: _____ Vehicle Name: _____

Membership fee **\$125.00**.

If you wish to receive 2025 end of season point money, competitor must post a additional \$100.00 point money by May 1st.

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