



2026 HSTPA ASSOCIATE MEMBER FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

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

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

Make Checks payable to HSTPA

Associate 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