



2026 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 2026 end of season point money, competitor must post an 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