

2020 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 31st 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