

MEMBERSHIP APPLICATION

2018

LOUISIANA STATE HORSESHOE PITCHERS ASSOCIATION AND NATIONAL HORSESHOE PITCHERS ASSOCIATION (INCLUDES LIABILITY INSURANCE)

NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE () _____ **DATE OF BIRTH** / / _____
OCCUPATION _____
E-Mail + _____

+ E-Mail Address is required to receive Newsline by E-Mail and other LSHPA and NHPA news bulletins.

How many years have you been an L.S.H.P.A. member? _____

Last years N.H.P.A. card number _____

One (1) year	State & National Dues	
(National \$23.00---Insurance \$2.00---State \$5.00)		Total \$30.00
(Jr. National \$3.00---Insurance \$2.00---State \$2.00)		Total \$7.00

CATEGORY: (Circle one) M W E B G C

Total Amount Sent with this application: _____

Please designate which club or area in which you wish to be included.

Bayou HPA _____, Cajun HPA _____, Harahan HPA _____,

NE HPA _____, Shreveport-HPA _____,

Your Make/Style of Horseshoe _____

Please include check or money order payable to L.S.H.P.A. and mail to:

L.S.H.P.A.
% Al Dodson
811 Susan Drive
Morgan City, La. 70380
allinda67@gmail.com