## **MEMBERSHIP APPLICATION**

## <u>2023</u>

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

NAME					
ADDRESS					
СІТҮ	STATE		ZIP		
PHONE ()	DATE O	F BIRT	Ή	/	/
OCCUPATION					
E-Mail +					
+ E-Mail Address is required to recei bulletins.	ve Newsline by l	E-Mail and	l other ]	LSHP	A and NHPA no
How many years have you been an L.S.H.P	.A. member?				
Last years N.H.P.A. card number					
<u>One (1) year</u> (National \$23.00Insurance (Jr./Cadet: National \$3.00Insur Provisional: National \$10 Trial Membership	\$2.00State \$ rance \$2.00—S ).0State \$5.0	85.00) tate \$2.00 00	)) <u>T</u>	otal §	<u>Total \$7.00</u> 515.00
CATEGORY: (Circle one) M W	E B	G	C I	)	<u>T</u>
Total Amount Sent with this application	n:				
Please designate which club or area in which	ch you wish to b	e included	<u>.</u>		
Bayou HPA , Cajun HPA	, Har	ahan HPA	,		
<u>NE HPA</u> , Shreveport	-HPA	<u>,</u>			
Your Make/Style of Horseshoe					
Please include check or mon	ney order payal	ble to L.S.	H.P.A.	and	<u>mail to:</u>
	L.S.H.P.A. <u>% Al Dodson</u> 811 Susan Driv				

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