

MEMBERSHIP APPLICATION 2025
LOUISIANA STATE HORSESHOE PITCHERS' ASSOCIATION
AND
NATIONAL HORSESHOE PITCHERS' ASSOCIATION
(INCLUDES LIABILITY INSURANCE)

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE () _____ **DATE OF BIRTH** / / _____

E-Mail _____

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

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

One (1) year State & National Dues

(National \$23.00---Insurance \$2.00---State \$5.00) _____ **Total \$30.00**

(Jr./Cadet: National \$3.00---Insurance \$2.00---State \$2.00) _____ **Total \$7.00 Waived for 2025**

Provisional: National \$10.0---State \$5.00 _____ **Total \$15.00**

Trial Membership----- No Fees; Only eligible for one event

Total Amount Sent with this application: _____

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

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

Bayou HPA _____ **Cajun HPA** _____ **Big EZ Harahan)** _____

NE HPA _____ **Shreveport HPA** _____

(Shirts are For New Members only)

Shirt Size S M L XL XXL XXXL _____ **Color** _____ **White / Gray / Orange / Pink / Navy Blue**
Safety Yellow / Golden Yellow / Purple

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.
c/o Al Dodson
811 Susan Drive
Morgan City, La. 70380
allinda67@gmail.com