

2009 ILSHPA/NHPA Membership Application

Adult Members \$27 Junior Members \$5

1 year Subscription to NHPA Newsline \$12

Name: _____

Street: _____

City: _____

Zip Code (Plus Four): _____

Telephone # (____) ____ - _____

Circle One:

40' 30' Junior Cadet

Date of Birth _____ (Required)

Newsline _____

Total Years Membership _____

Email Address: _____

Send Application and Fees to:

ILSHPA

P.O. Box 266

New Lenox, IL 60451-0266

Email Address ilshpa@comcast.net

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