

Year: _____

**National Horseshoe Pitchers Association (NHPA) and
Southern California Horseshoe Pitchers Association (SCHPA)
Membership Application Form**

In order to keep accurate records, we **MUST** have accurate information from **YOU!** Your mailing address needs to be accurate – your membership “card” is mailed to you.

If you have a change in pitching distance status during the year, please immediately notify the SCHPA Secretary/Treasurer and SCHPA Statistician.

Applicant Information (please print clearly):

NAME: _____

Mailing Address: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

E-MAIL address: _____

PHONE: (____) _____ **BIRTHDATE:** _____

Have you ever been an NHPA member? Yes or No If yes, how many years? _____

Last year's NHPA member card #: _____

Dues (circle one): **Adult @ \$35** **Junior (under *19) @ \$6** **Cadet (under *13) @ \$6**
*Determine applicant's age by subtracting applicant's birth year from the membership year.

Sex (circle one): **M** **F** **Pitching Distance (circle one):** **20 ft** **30 ft** **40 ft**

Signature of applicant: _____ **Date:** _____

Make check **payable** to: **S.C.H.P.A.**

Mail this completed form and check to the SCHPA Secretary/Treasurer:

Hal Griswold
32612 Balearic Road
Dana Point, CA 92629

Phone: 949/496-0577 or Email: setibird@yahoo.com

Revised 12/06/21

N.H.P.A./S.C.H.P.A. Membership Receipt

Received from: _____ Tourn. Dir: _____ Date: _____