

**2016**

**NHPA / WHPA Membership & Renewal Form**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

If new member, referred by: \_\_\_\_\_

NHPA Card #: \_\_\_\_\_

Circle your Division: Men-\$25 Women-\$25 Elder Men-\$25 (70+)

Jr. Boys-\$5 Jr. Girls-\$5 Med/Exempt-\$25

Cadet Boys-\$5 Cadet Girls-\$5

Jrs. & Cadets include Birthdate: \_\_\_\_\_

Send to: WHPA

W6868 Brown Rd.

Fond du Lac, WI 54937

( NOTE: Include a self-addressed, stamped envelope.)