

HIGH DESERT TEAM PENNING ASSOCIATION

Membership Application/Renewal Sheet

\$40.00/Year for Individual _____

\$20.00/Each additional family member _____

\$10.00 /Year for each Junior _____

Total Membership Fees \$ _____

(Year runs January 1st - December 31st)

Name: _____

Address: _____

City _____ **State** _____ **Zip** _____ **Phone #** _____

Names of additional members: _____

Do you have accident/ medical and liability insurance? Yes _____ **No** _____

In order to keep our club fun and competitive we require all new member complete a rating sheet.

**Mail to: HDTPA
c/o Taran Romero
2169 Kietzke Ln Apt. A
Reno, NV 89502**

Insurance regulations require waiver signatures before each sorting/penning event begins.

Thank you for supporting HDTPA and we look forward to seeing you.