

NHPA/WSHPA Membership Application

Name: _____

Mailing Address: _____

City: _____, Michigan Zip Code: _____

Phone: ____ (____) _____ Card # _____

Email Address: _____

Category: Man 40 Feet Man 30 Feet Woman Junior Girl Junior Boy
(Circle One)

Date of Birth: ____/____/____ Mandatory for Juniors and Men pitching at 30 feet.
(Would appreciate all pitchers providing birth date for statistical purposes.)

Make Check Payable to: WSHPA
Mail to: Roger Higgins, 16440 Ridgeview Ct, Holly, MI 48442-8392

Card Costs: \$30.00 Adults \$23.00 for second card in the same household
 \$ 0.00 Juniors \$ 7.00 for a junior wanting to receive the newsletter

NHPA/WSHPA Membership Application

Name: _____

Mailing Address: _____

City: _____, Michigan Zip Code: _____

Phone: ____ (____) _____ Card # _____

Email Address: _____

Category: Man 40 Feet Man 30 Feet Woman Junior Girl Junior Boy
(Circle One)

Date of Birth: ____/____/____ Mandatory for Juniors and Men.
(Would appreciate all pitchers providing birth date for statistical purposes.)

Make Check Payable to: WSHPA
Mail to: Roger Higgins, 16440 Ridgeview Ct, Holly, MI 48442-8392

Card Costs: \$30.00 Adults \$23.00 for second card in the same household
 \$ 0.00 Juniors \$ 7.00 for a junior wanting to receive the newsletter