



# MEMBERSHIP APPLICATION

Membership Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Please Print clearly-All correspondence is completed through email.

Children (under 24 years of age and living with you)		
First Name	Last Name	DOB (MM/DD/YYYY)

Babysitter Name (if applicable) : \_\_\_\_\_

**Employment Information:**

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Membership Type:**            **Family**             **Senior\***             **Individual**

\*Please attach proof of age, such as photocopy of your driver's license, when applying for Senior Membership – 62 years and up.

I, \_\_\_\_\_, acknowledge that I have read and understand the HPSTC Rules & Activities booklet and I agree to abide by these rules & regulations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_