

KHPA RENEWAL APPLICATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City: \_\_\_\_\_,KS Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
NHPA# \_\_\_\_\_ Approx. yrs. in NHPA \_\_\_\_\_ New Members Check \_\_\_\_\_  
Club affiliation if any: \_\_\_\_\_  
Check one of the following: Adult \_\_\_\_\_ Junior \_\_\_\_\_ Cadet \_\_\_\_\_  
Check one of the following: Male \_\_\_\_\_ Female \_\_\_\_\_  
Check one of the following: 40' pitcher \_\_\_\_\_ Less than 40' pitcher \_\_\_\_\_  
Adult dues: \$25.00 Junior and Cadet dues: \$7.00  
Mail to: Susan Fulton, 1407 SW Fairlawn Rd., Topeka, KS 66604 ~ Please make check payable to KHPA

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