

I.H.M.S.A. MEMBERSHIP APPLICATION NEW OR RENEWAL

Mail to: IHMSA,INC. 808 Ute Trail Mercer, PA 16137

Application for New Membership or Renewal is \$35.00 per year Family memberships (for spouses and children under age 18) are \$10.00 each per year

NAME	BIRTH DATE:PHONE # ()			
ADDRESS				
CITY		STATE	ZIP	
(circle one)				
New Member Y / N	NRA Member Y / N	RA Member Y / N Renewals IHMSA number		
E-Mail Address				
NAME		BIRTH DATE:		
ADDRESS		PHONE # ()_		
CITY		STATE	ZIP	
(circle one)				
New Member Y / N	NRA Member Y / N Renewals IHMSA number			
E-Mail Address				
NAME	BIRTH DATE:			
ADDRESS		PHONE # ()_		
CITY		STATE_	ZIP	
(circle one)				
New Member Y / N	NRA Member Y / N	Renewals IHMSA	number	
E-Mail Address				
NAME		BIRTH DATE:		
	PHONE # ()			
(circle one)		SIAIL	LIF	
	NRA Member Y / N	N Renewals IHMSA number		