



MEMBERSHIP FORM

Name _____

Home Address _____

Phone Number _____

Email _____

(Please use an email that we can use to get hold of you all year round)

School Name & Address _____

Fees:

Student: \$10 per year

Retired: \$15 per year

Professional: \$25 per year

"Year" goes conference to conference

Please send membership fee to: Marti Edgmond, Treasurer

MTAHPERD

926 7th Avenue

Laurel MT 59044