



## 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 7<sup>th</sup> Avenue

Laurel MT 59044