

**TPEA Associate Membership Application**  
**Family Membership - \$45    Membership Fee - \$20.00**  
PHBA Membership with another primary affiliate

Name: \_\_\_\_\_  
PHBA ID #: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth (Youth Only): \_\_\_\_\_  
Current State Affiliate: \_\_\_\_\_

Please mail this form to:

TPEA  
Kim Hitchcock  
4348 Pheasant Walk St. -- Ft. Worth, TX 76133  
817-907-8600 | khitch1@aol.com

If your PHBA membership card does not have **TPEA** listed as your primary club then you have to pay a membership fee to be eligible for **TPEA** year end awards and for **TPEA's** insurance, **PHBA** pays your membership to the local club but you have to designate which one.

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