

**THSRA
2010/2011 Adult Membership Form
\$10.50 per adult**

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Name of Contestant _____

**THSRA
2011/2012 Adult Membership Form
\$10.50 per adult**

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Name of Contestant _____