## HMA Membershin Form

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Date	Name: Address: City: State/Province: _		Zip:	Association
	Gender (circle):	Male Female Yea	nr of Birth:	
Full p Full p Ful Full		<ul> <li>Free*</li> <li>\$20.00</li> <li>\$50.00</li> <li>\$20.00</li> <li>\$20.00</li> <li>\$20.00</li> <li>\$50.00</li> <li>\$50.00</li> <li>\$50.00</li> </ul>		pass
Are you joining established gro (circle) YES	~ II		ide the group num os cannot accept Trial	
This form should be submitted with the appropriate funds to your local HMRA store. If there is no HMRA retailer in your area, please submit directly to the HMA Headquarters with a check made payable to:			HMA Use Only Member Number Store Number	
Checks should be made p Kenzer and Co 25667 Hillvie Mundelein, IL	ew Ct	ternate contacts: Phone: (847) Fax: (847) 5 Web: www.ker	540-8065	
Or, if you prefer to pay Card Type (circle): V Cardholder Name (as i	isa MC	AmEx	Discover	
Card Number:				ation Date: