

ASHPA/NHPA MEMBERSHIP FORM

2026

CURRENT PLAYER NUMBER (*first 6 numbers ONLY*): _____
(Leave Blank if NEW member)

(Name must be as it appears or you want it to appear on Eshoe! Please PRINT legibly)

NAME - First: _____ Last: _____

MAILING ADDRESS: _____

CITY (Only): _____ **AZ** **ZIPCODE:** _____

Email Address: _____

Year Born: _____
(Required) Contact Phone Number: (_____) _____
(Mobile phone number preferred).

Category (select the appropriate one by marking with an “X”):

Men's 40'
 Elders
 Medical Exemption (less than 40')
 Women
 Elder Women (65 or over)

Junior Boy/Girl/Cadet
(circle one above)
 Membership **ONLY** (non-pitching)
 TD only

PLEASE complete **ALL** fields above (required by NHPA). Incomplete forms will be returned for missing information. Remit this form with payment of \$**40.00** (Juniors/cadets - \$**10.00**) (**NO CASH!**). Membership cards cannot be issued until this form is accepted by the **ASHPA** Secretary with proper payment. If you use online banking for payments, please indicate here ("X"): _____. If **ZELLE** check here ("X"): _____. CC or Debit check here ("X"): _____.

NOTE: New members or anyone **NOT** having a **NatStats** record will be required to throw 100 shoes before pitching in a sanctioned tournament! This must occur within 30 days of the scheduled tournament & must be completed on sanctioned courts! It also requires one (1) current member to witness such throwing. Please attach the score sheet with witness signatures & player numbers if this has been accomplished.

(Number of **ringers** thrown: _____).

Remit to: **ASHPA**
207 N Maguire Ave
#174
Tucson, AZ 85710

(Make check or money order payable
ONLY to: ASHPA) or use
ZELLE - to 520-907-7116. Or by cc/debit

For further information, please contact:

BJ Benjamine
ASHPA Secretary/Treasurer
ashpabj@icloud.com
(520) 907-7116

Rev. 9/25