

DATE RECEIVED: ____/____/____



www.hspeastvalley.com

hspeastvalley@gmail.com

www.facebook.com/HSPEastValley

Please bring your application and dues to the next meeting.

2017/2018 Membership Year | Next Dues 2019

Join our great group of professionals!!

How did you hear about HSP? _____

\$35.00 - Individual Membership
(single company representative)

\$70.00 - Corporate Membership
(4 company representatives per franchise)

Payment Method: Check # _____

Cash

CC

CC #:

Exp:

CCV:

Zip:

Company: _____

Representative: (1)

Title: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Fax: _____

Cell: _____

Email: _____

Website: _____

Corporate Membership (up to 3 additional company representatives contact information)

Representative: (2)

Title: _____

Email: _____

Phone: _____

Representative: (3)

Title: _____

Email: _____

Phone: _____

Representative: (4)

Title: _____

Email: _____

Phone: _____

Please include representative # ____ as the member directory contact.

Please include only the company as the member directory contact.

Please initial: _____

I hereby acknowledge that it is the responsibility of the member/representative of company to notify HSP East Valley of any changes in representatives, company name, and/or contact information.