



HSP East Valley Use Only
DATE RECEIVED: ____/____/____

www.hspeastvalley.com

hspeastvalley@gmail.com

www.facebook.com/HSPEastValley

Please bring your application and dues to the next meeting.

2016/2017 Membership Year | Next Dues 2018

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.