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Mail to HCPA, 8 Race St, Catasauqua, PA 18032"

HCPA Membership Form - 2015

___Member \$25 ___Senior \$15 ___Business \$50 ___Benefactor \$_____

(select one)

Name _____ **Amount Enclosed** \$ _____

Address _____

Phone _____ E-mail _____

Let us know where you would us to send your receipt: to address _____ or email _____ (select one)

HCPA is a 501 (c) (3) non-profit organization. Memberships & donations are 100% tax deductible.

Membership automatically enrolls you in our newsletter mailing list