



## 2017 Membership Form

Individual membership \$20 (1 vote)

Family membership – 2 spouses and respective youth qualifying children  
18 & under \$30 (1 vote)

Name: \_\_\_\_\_ APHA ID# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

***\*\*Please watch the ESPHC website ([www.esphc.com](http://www.esphc.com)) and our Facebook page for the publishing of the 2017 Year End Point System and Year End Award rules.***

### **Payable to: ESPHC**

Mail ESPHC Memberships to:

Kim Hutchins  
2911 Moose River Rd  
Boonville, NY 13309

For Office Use Only

Date Paid: \_\_\_\_\_

Ck #: \_\_\_\_\_

Cash: \_\_\_\_\_