

International Human Powered Vehicle Association

Annual membership
This membership good for one year

PLEASE PRINT

Name _____

Business/School _____

Personal Mailing Address _____

City, State, Country, zip code _____

email _____

Phone: Work _____ Home _____

Name of event _____

Date _____

Dues: 32.00 (if paid with WHPSC application)

Dues: 32.00 US. 37.00 all other countries

Cash _____ Check _____ Credit _____

VISA/Mastercard # _____

Expiration Date: Month/Year _____ 3 digit code _____ zip _____

Signature _____

Make checks payable to: IHPVA

Event organizer, please send this form and payment to: IHPVA

2338 18th St

Eureka, CA 95501

Good for all IHPVA sanctioned events