

TPEA Change of Address / Phone

Name: _____

PHBA ID #: _____ Home Phone: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth (Youth Only): _____

Current State Affiliate: _____

Please mail this form to:

TPEA
Glenda Hickey
PO Box 725 | Azle, TX 76098
817-239-3671
gjh4353@gmail.com

TPEA Associate Membership Application Membership Fee - \$10.00 PHBA Membership with another primary affiliate

Name: _____

PHBA ID #: _____ Home Phone: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Email Address: _____

Date of Birth (Youth Only): _____

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If your PHBA membership card does not have TPEA listed as your primary club then you have to pay a membership fee to be eligible for TPEA year end awards and for TPEA's insurance, PHBA pays your membership to the local club but you have to designate which one.