



## MEMBERSHIP RENEWAL

DUES \$150.00 payable to HMSA

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

If your car(s) have changes in the past year, please note below:

---

---

---

---

---

---

---

---

---

---

Please Mail along with your check to:

HMSA • 2029 Verdugo Blvd., #1010 • Montrose, CA 91020