

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: 35.00 (if paid with WHPSC application)

Dues: 35.00 US. 40.00 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