

# International Human Powered Vehicle Association

Annual membership  
This membership good for one year

PLEASE PRINT

Name \_\_\_\_\_  
Business \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Country \_\_\_\_\_  
email \_\_\_\_\_  
Phone: Work \_\_\_\_\_ Home \_\_\_\_\_  
Name of event \_\_\_\_\_  
Date \_\_\_\_\_

Dues: 32.00 US/ Canada 37.00 all other countries

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_

VISA/Mastercard # \_\_\_\_\_

Expiration Date: Month/Year \_\_\_\_\_ 3 digit code \_\_\_\_\_

Signature \_\_\_\_\_

Make checks payable to: IHPVA

Event organizer, please send this form and payment to:

IHPVA

PO Box 357

Cutten, CA 95534-0357

Good for all IHPVA sanctioned events