

**THSRA
2022/2023 Adult Membership Form
\$10.50 per adult**

Name _____ **Date** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Cell** _____

Email _____

Name of Contestant _____

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**Adult Membership is optional but must be a paid member
to vote on region level!**