

**SDHSRA ADULT MEMBERSHIP FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing  
Address \_\_\_\_\_  
address city state zip

Email  
Address \_\_\_\_\_  
-this will be the primary way of communication, should there need to be any

Phone – cell \_\_\_\_\_ Phone – home or work \_\_\_\_\_

Date \_\_\_\_\_

\*please send this form, along with \$10.00 per adult membership to the following:  
SDHSRA PO Box 303 Baltic, SD 57003

\*do not send 1 week prior to the SDHSRA Annual Meeting, if you wish to have it received before the meeting. Instead, pay for the membership at the Annual Meeting. Annual Meeting date is published on sdhsra.com, Board Meetings.