



2024-25 SDHSRA Adult Membership Application



Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Date Submitted: _____

Please print and mail with \$10 membership fees to:

SDHSRA
Ann Sundermann, Treasurer
PO Box 303
Baltic, SD 57003

If you plan to attend the Fall Membership Meeting and wish to vote, please DO NOT mail this form after September 15th, 2024. Instead, purchase your membership onsite at the meeting.