

**THSRA
2026/2027 Adult Membership Form
\$11.00 per adult**

Name _____ **Date** _____

Address _____

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

Phone _____ **Cell** _____

Email _____

Name of Contestant _____

**THSRA
2026/2027 Adult Membership Form
\$11.00 per adult**

Name _____ **Date** _____

Address _____

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

Phone _____ **Cell** _____

Email _____

Name of Contestant _____

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