



## MEMBERSHIP RENEWAL FORM

Name: \_\_\_\_\_ Member No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If your car(s) have changed in the past year please note below: \_\_\_\_\_

### PAYMENT INFORMATION

- Regular Member Annual Renewal \$200       Gold Member/Legends Annual Renewal \$225  
 Gold Member Upgrade for Existing Members \$275       Crew Member Annual Renewal \$75

VISA    MasterCard    Discover    Check No.: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date \_\_\_\_ / \_\_\_\_      Security Code \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to: HMSA

Send to:



2029 Verdugo Blvd., No. 1010  
Montrose, Ca 91020

www.hmsausa.com  
TEL: 818.249.3515

email: hmsa@hmsausa.com  
Fax: 818.249.4917

#### FOR OFFICE USE

Authorization No. \_\_\_\_\_ Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ Check No. \_\_\_\_\_