

2026 NHSAA MEMBERSHIP FORM

Come join us.

Complete this form and
return with your payment
to:

NHSAA
P.O. Box 116
Dillsburg, PA 17019

(Make checks payable to
NHSAA)

*NHSAA has been recognized
by the Internal Revenue
Service as a 501 (c) (3) public
charity. Contributions to
NHSAA and your membership
may be tax deductible for
Federal Income Tax purposes.*

____ Scholarship Contribution \$ ____

____ 2026 Dues (\$5 per year) \$ ____ or

____ Lifetime (\$100) \$ ____

____ (May pay multiple years) ____ # of years @ \$5 = \$ ____

Name (include Maiden) _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Year of Graduation _____

Email _____

Occupation _____

I am willing to volunteer ____ Yes ____ No

I prefer to be contacted for all NHSAA news by (please circle):

Email or US Mail

**Please confirm your mailing address if you prefer US mail, otherwise it
will be sent to your email on file.*