

# HCATMA Membership Application



Date \_\_\_\_\_

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

\*Email \_\_\_\_\_

Other names for Family Membership

\_\_\_\_\_  
\_\_\_\_\_

Share information about your tractor, equipment, and interests.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Required Information

\*\*\*\*\*

Single Membership            \$10.00

Family Membership            \$15.00

Make Payment to: HCATMA

Mail Payment to:

Donna Jones  
7135 N County Road 300 W  
Lizton, Indiana 46149

If you have any questions please feel free to email them to [membership@hcatma.com](mailto:membership@hcatma.com)