

Application for AMHOP 2009 Workshop

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: : _____ Fax: _____

Please describe your experience with or interest in Masonry Heaters:

Are you already a member of AMHOP?

- Yes, I am already a member. I have enclosed my workshop fee of \$500.
- No, I am not yet a member of AMHOP. I have also filled [out the AMHOP membership application](#) and have enclosed the new member workshop fee of \$450.

Signature

Date

Please send application and fee to: AMHOP, 127 North St., Goshen, CT 06756