



## **Membership**

**Name:** Click here to enter text.

Click here to enter text.

**(first)**

**(last)**

**Title/Organization:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text.

**State/Province:** Click here to enter text.

**Postal/Zip Code:** Click here to enter text.

**County:** Click here to enter text.

**Telephone:** Click here to enter text.

**Fax:** Click here to enter text.

**Work Email:** Click here to enter text.

**Personal Email:** Click here to enter text.

**I am interested in serving as a member of the following committee:**

- Technical & Mapping**
- Education & Outreach**
- Policy & Legislative**

**Corporate/Government (five memberships) \$200.00**

**Individual Membership \$50.00**

**Student \$ 30.00**

**Checks dated after October 1, 2014 will be posted for 2015 membership**

**Please make check out to: PAFPM**

**PSATS  
C/O PAFPM  
4855 Woodland Drive, Enola, PA 17025**