



Membership

Name: _____

(first)

(last)

Title/Organization: _____

Address: _____

City: _____ **State/Province:** _____

Postal/Zip Code: _____ **County:** _____

Telephone: (_____) _____ **Fax:** (_____) _____

Email: _____

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

_____ **Individual Membership \$50.00**

_____ **Student \$ 30.00**

Please make check to: PAFPM

PSATS

C/O PAFPM

4855 Woodland Drive, Enola, PA 17025