



## Membership

Name: \_\_\_\_\_

Title/Organization: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Corporate membership (5 memberships) - \$200

\_\_\_\_\_ Individual membership - \$50

\_\_\_\_\_ Student membership - \$30

Please mail form with check to: PAFPM  
1633 S. Beulah Street  
Philadelphia, PA 19148