



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
728 S. Smedley Street
Philadelphia, PA 19146