

**FREE  
THREE MONTH MEMBERSHIP APPLICATION FORM**

Sponsoring Member \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Telephone number \_\_\_\_\_

email \_\_\_\_\_

New Member \_\_\_\_\_

Check one:

Family Membership \_\_\_\_\_

Individual Membership \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Telephone number \_\_\_\_\_

email \_\_\_\_\_

**MAIL TO:**

**SHAWNDA FELTON  
MEMBERSHIP  
P. O. BOX 633  
PUNXSUTAWNEY, PA 15767-0633**