

Pennsylvania Taxidermist Association Membership Application Form

MEMBER INFO	(Please check or	ne of the follo	NEW PTA MEMBERSHIP RENEWAL					
Last Name (REQUIRED)			First		Spouse	•		
Address 1			Address 2			City		
ST/Prov		Country (If not USA) -		Zip		County		
Home Ph (REQUIRED) ———		Bus Name				Bus Pl	h	
Email				Web				
Lic. Taxidermist	? Yes	No PTA	Certified Taxidern	nist? Ye	s No	Web Listin	g? Yes	No
PTA MEMBERSHIP PLAN (Please check where appropriate)								
Single Mem	bership \$	550.00						
Family Men	nbership \$	375.00						
Lifetime Me	embership* \$8	300.00	Prepaid Full	Payment	Partial \$			
* Lifetime Mem	berships may be	paid in install	ments - but must	be paid in full	within 2 years.		Dues \$	
MEMBER DONATIONS (Please check where appropriate) - More information about donating can be found on our website.								
Legal Fund Dona	ation: \$	\$10	\$25 \$5	0 Other	No Thanks	LF Don	ation \$	
Camp Compass	Donation: \$	\$10	\$25 \$5	0 Other	No Thanks	CC Don	ation \$	

TOTAL ENCLOSED