

Membership Registration:

	Junior	Adult	Family
Resident	\$ 25	\$ 40	\$ 100
Non-Resident	\$ 30	\$ 60	\$ 140

Last Name: _____

First Name (Adults): _____

First Name (Juniors): _____

Street Address: _____

Township: _____ State: _____ Zip: _____

Email: _____ @ _____

Home Phone: _____ Alt Phone: _____

Total enclosed: _____

Make checks payable to:
PTTA
Box 983
McMurray, PA 15317