



Pennsylvania Chapter American Fisheries Society

Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

e-mail _____

Annual Membership Fee: \$5

Amount enclosed: \$ _____

Make checks payable to:

PA Chapter American Fisheries Society

Send to:

Mary Walsh
117 Denton Avenue
State College, PA 16803

Note: This form is for PA Chapter membership only. Joining the parent Society requires a separate membership application that can be found at:

<http://www.fisheries.org/afs/membership.html>