



## 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:

Sara J. Mueller  
P.O. Box 247  
Warriors Mark, PA 16877

**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>