

PSRDF MEMBERSHIP APPLICATION

AREA FEDERATION _____

DATE _____

ANNUAL MEMBERSHIP \$ 1.00

CLUB _____

PHONE _____

NEW LIFE MEMBERSHIP \$ 20.00

SUBMITTED BY _____

EMAIL _____

Due by January 1st

ALSO, PLEASE LIST ALL KNOWN PRESENT LIFE MEMBERS AND INDICATE IF INACTIVE

BLUE MEMBERSHIP CARDS YES _____ NO _____

	LAST NAME	FIRST NAME	ADDRESS	CITY	STATE	ZIP	PHONE	AMOUNT
1								
2								
3								
4								
5								
6								
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8								
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11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Please use as many sheets as necessary. Sheets may be photocopied.

Send check and application to:

Scott Brown
 7919 Steubenville Pike
 Oakdale, OH 15071
412-583-8749

Please make checks payable to PSRDF

darkranger_40@yahoo.com