

APPLICATION FOR MEMBERSHIP

Last Name: _____ First: _____ MI: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ EMail: _____

Are you a US Citizen? _____ Do you possess a valid PA Driver’s License? _____

Have you ever been convicted of a felony? _____

How Were You Referred To Us? _____

Please read carefully and complete providing all information requested.

EMPLOYMENT RECORD

Last or Present Company: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Brief Description of Job Duties: _____

EDUCATIONAL HISTORY

High School Technical/Trade College

OUTSIDE ACTIVITIES

Professional memberships, certificates, or licenses held

Past and Present Civic or Cultural Activities

Principal Hobbies

MILITARY RECORD

Branch of Service

From _____ To _____ / Honorable Discharge? _____

Present Military Affiliation:

None ___ Reserve (active) ___ Reserve (inactive) ___ PROFESSIONAL/WORK

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for denial of this application.

Signature

Date: _____