

APPLICATION FOR MEMBERSHIP

Regular _____
Junior _____

PENNSYLVANIA STATE SHOWMEN'S ASSOCIATION

In Applying for membership in the P.S.S.A., I do hereby agree to abide by the laws of the constitution of this Association, in so far as they pertain to me personally and to work towards those ends and purposes which will best serve the interests of all members.

Date _____

1. Name _____ Business Name _____

2. Address _____ County _____ Twp. _____

3. City _____ State _____ Zip Code _____

4. Telephone No. _____ Email _____

5. Do you belong to any other Showmen's Club or Auxiliary? Yes _____ No _____ Date of Birth _____

6 In what capacity are you allied with Show Business?

_____ Carnival Owner _____ Carnival Employee _____ Food Concessions _____ Supplier
_____ Games Concessions _____ Entertainment _____ Ride Owner _____ Fair
_____ Booking Agent _____ Allied Industry _____ Junior Member _____ Direct Sales

7. Have you ever been denied membership in this organization or in any other Showmen's Club or been dropped from the same? Yes _____ No _____

8. As a member, I intend to vote in the (check one) _____ Eastern Chapter _____ Western Chapter of the State.

I hereby enclose:

_____ 20 _____ Regular Dues in the amount of \$30.00

_____ 20 _____ Junior Membership (Age 16 & 17) \$15.00

DUES MUST ACCOMPANY ALL APPLICATIONS

Signature of Applicant

Recommended by (please print)

Return to:

PA State Showmen's Association

P. O. Box 5, New Tripoli, PA 18066

Approved by Board of Directors Date _____

RECEIPT FOR PSSA DUES

Date _____

Dues Year _____

Received From _____

Received by _____