

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:

_____ 2015 Regular Dues in the amount of \$30.00

_____ 2015 Junior Membership (Age 16 & 17) \$15.00

DUES MUST ACCOMPANY ALL APPLICATIONS

Signature of Applicant

Recommended by (please print)

Approved by Board of Directors Date _____

Please return to:
PA State Showmen's Assoc.
P.O. Box 5
New Tripoli, PA 18066

RECEIPT FOR PSSA DUES

Date _____

Year _____

Received from _____ Amount _____

Received by _____