

THE
PENNSYLVANIA FOREST FIRE MUSEUM
ASSOCIATION

MEMBERSHIP APPLICATION

Please enroll the following as a member of the Pennsylvania Forest Fire Museum Association:

Name _____ Telephone _____

Address _____

City _____ County _____

State ____ Zip _____

Check One:

- \$5 Student/Youth
- \$15 Individual
- \$25 Family (number in household _____)
- \$35 Sustaining
- \$35 Non-Profit Volunteer Organization
 - Forest Fire Crews
 - Forest Fire Wardens Association
 - Volunteer Fire Companies
 - Environmental, etc.
- \$100 Corporate
- \$300 Life
- \$_____ Contributing
- I would like to help with the museum or serve on or chair a committee.

Make checks payable to:

The Pennsylvania Forest Fire Museum Association

Mail to:

The Pennsylvania Forest Fire Museum Association

R.D. 9, Box 9203

Stroudsburg, PA 18360