

NEW!

Renew your membership online today!

www.pasnow.org

Member Information () New () Renewal Member ID:			
Name or Organization:			
Contact Name for Organization:	Website for Organization:		
Mailing Address:	City:	State:	Zip:
County where you live: Township	Township where you live:		
Phone: () E-Mail (requ	ired):		
I ONLY wish to receive the "Keystone Snowmobiler" electronically by email. (You must supply your email address.)			
Membership Category: (PM = Premium Membership) Individual Standard (\$25)			
Number of Snowmobilers in Family Membership: Club Member? Yes () No ()			
Which club(s)?			
	ation/Expertise:Are you willing to assist during snow emergencies? Yes () No ()		
Telephone number for this purpose: ()Physical Address:(If different than mailing address above.)			
Additional Donation to Snow Angel Children's Fund Snow Angel Friend - \$10.00 Snow Angel Supporter - \$15.00 Snow Angel Guardian - \$20.00 Other: \$	Additio	nal Donation to PSS	A
TOTAL AMOUNT DUE \$ Please make checks payable to "PSSA", and mail to 42 W Main St., Palmyra, PA 17078			
For credit card payment please mail or fax to: 866-723-2506			
MasterCard() VISA () Acc't No.			
Exp. Date:Signature:	Date:		
Dues and donations to PSSA are not deductible as a charitable expense on your Federal Income Tax Return. They may be deductible as trade or business expenses if ordinary and necessary in the conduct of your business.			