

Membership Application

Name:	Date:				
Mailing Address:		City:		_ State:	Zip:
Email Address:		Phone #		_ Cell #	
	Yearly Family Membership Fee for 2024 (Includes spouse & family members under 18 years old) (please choose one)				
	New Member - \$50 (renewal date will be January 1 each year) Returning Member - \$50 due January 1, 2024 \$65 if paid after March 1, 2024				
Would you like the N	ewsletter emailed to you? (no paper copy) YES or NO	(please	circle one)
	or a Business Membersh ations to purchase Striper F All donations will be re	ingerlings to st	ock in Raysto	own Lake:	
Each \$10 will buy a	pproximately 20 (3 inch) st	ripers: \$10 \$	\$15 \$20 _	\$25	_ Other
Donations for Hato	hery expense to spawn strip	pers: \$10	\$15 \$20	\$25	_ Other
Make checks Paya	ole to: <i>PSBA</i> and mail to: <i>PS</i>	SBA - L. Reich	PO Box 24	3eaver Spr	ings PA 17812