

MEMBERSHIP APPLICATION FORM

MEMBER INFO:

Name _____
Street _____
City _____
State _____ ZIP _____
Email _____

Camp/Cottage:

Camp Name _____
Address or _____
Location _____

Camp/Organization – please indicate number of members
over 18 years of age (voters) --- ()

Make checks payable to PCPA
Mail to: PCPA Secretary
P.O. Box 11, Waterville, PA 17776

Note: Unless the Friends of PC box is checked, we assume that any
additional donation of \$100 or more is meant to be anonymous.

MEMBERSHIP TYPE (check one):

- Individual Membership - \$5
- Family Membership - \$10
- Camp/Organ. Membership - \$20
- Friends of Pine Creek - \$100
- Memorial Membership - \$250
In Memory or Honor of (below):

Donated By (below):

Acknowledgement To (below):

- Life Membership - \$500
- Other Donation - \$ _____

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