



YEARLY MEMBERSHIP APPLICATION

YOUR NAME: _____ DATE: _____

EMAIL: _____

CELL PHONE: _____ OTHER: _____

MAILING ADDRESS: _____

EMPLOYED: YES NO RETIRED: YES NO

If you are registering as a new member, how did you hear about the South Central Chapter of the PA Sports Hall of Fame?

One Year Membership Dues..... \$20.00

Make checks payable to: SCCPSHOF

Please mail completed form, and payment to:

Bill Brown, Treasurer
PO BOX 104
Boiling Springs, PA 17007

QUESTIONS: Contact Jim Rich, President
717-439-5961 jimrich3087@yahoo.com