

2024-2025

PITTSBURGH SCOTTISH COUNTRY DANCE SOCIETY
MEMBERSHIP APPLICATION

I (we) hereby make application for membership as indicated below

NAME(s): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL(s): _____

CONTACT Phone #(s): _____

- Include my/our contact info in a membership list to be sent via email only to other PSCDS members
- Include my/our email address(es) on PSCDS email lists

\$20 Individual Membership.

--- OR---

\$30 Family Membership (for family members at same address).

SIGNATURE(s): _____

Make check payable to: "PSCDS, Inc."

Send check and this form to:

**PSCDS, % Beth Lindsey
213 10th St.
Aspinwall, PA, 15215-1607**

QUESTIONS? Contact PSCDS Secretary at pscds-email@verizon.net or call 412-915-0585 (leave a message if no answer).