2026-2027
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.**

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☐ **$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).