


P A S R

Please print a copy, fill out, and mail

PASR Membership Application



(Please Print)

Ms..... Mr..... Mrs..... Dr.....

First Name MI

Last Name.....

Address

Address (continued).....

City

County State

Zip Code

Phone #

(Area Code)

Date of birth (MM/DD/YY)

E-Mail address

Are you a member of a local chapter? If so, which one?

.....

Please select your membership option

Regular Membership - annual dues.....	\$45.00
Associate Membership - annual dues.....	\$45.00
Life Membership (one time fee).....	\$500.00

Make check payable to PASR

(Note: Membership dues payments may not be deductible for federal income tax)

**Mail to: PASR - 878 Century Drive
Mechanicsburg, PA - 17055-8406**

If you are not a member of a local chapter you may click below to find the name and phone number of the president of the local chapter nearest you. Call that president now and say "I just joined PASR's state association and now I would like to join our local chapter too."

[Click here for a listing of chapter presidents](#)

Thank you for joining PASR - We've been waiting for you!