

P.E.A.A. MEMBERSHIP APPLICATION

MEMBERSHIP DUES FOR 2012

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE PRIMARY CONTACT FOR YOUR ORGANIZATION. YOUR MEMBERSHIP FEE OF \$95.00 INCLUDES ONE COPY OF ANY CORRESPONDENCE INCLUDING THE MONTHLY MINUTES TO BE SENT TO THIS INDIVIDUAL:

COMPANY NAME: _____

PRIMARY CONTACT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

NUMBER OF EMPLOYEES/MEMBERS: _____

HOW IS PEAA INFO DISTRIBUTED TO EMPLOYEES:

PLEASE RETURN THIS FORM WITH YOUR CHECK PAYABLE TO **PEAA**.
SEND TO: CHRIS STERF
PEAA
P O BOX 17123
PITTSBURGH PA 15235-0123