

Name \_\_\_\_\_  
For office use only

DATE \_\_\_\_\_

## PSET MEMBERSHIP APPLICATION

Please print or type:

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth date: M \_\_\_ D \_\_\_ Y \_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Please check membership desired:

	Annual Fee
___ Individual Regular (19-71)	\$30.00
___ Individual Senior (72 and older)	\$25.00
___ Joint	\$42.00

Second member's name: \_\_\_\_\_/Email \_\_\_\_\_

If a member has referred you, put his/her name here:

(A joint member is defined as a spouse or other household member residing at the same address.  
If unmarried, designate one member as the primary addressee.)

___ Individual youth (18 or less)	\$20.00
___ Business / institutional member	\$100.00

Mail Checks and form to: PSET  
P.O. Box 324  
Talbott, Tn. 37877

