717-440-1964 www.theshfs.org

MEMBERSHIP APPLICATON

Membership dues must be submitted with the application. **Membership Dues:** One year \$25 Life Membership \$150

Date: / /	Email:		
Name:		DOB:	/ /
Address:		Apt:_	
City:	State:	Zip:	
Phone:Oc	cupation:		
Affiliations:			
Apparatus Owned:			
Interests in Society:			
Proposed by:			
If admitted into this organization, I will abide by the By-Laws and all rules and regulations pertaining to the organization. I will do my best to support and maintain all of the Society's property and its functions. I understand that applicants will undergo a one year probationary period.			
Signature:			
Parent/Guardian Signature: (Required if under the age of 18-years-old)			
The Society's report on the background of	of the potential new memb	er is favorable	or unfavorable.
Committee signatures:			
1,	2		
3	Date Ann	roved:	