

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

PA Senator (If Unknown, Leave Blank): _____

PA House Rep (If Unknown, Leave Blank): _____

Phone _____ Email #1 _____

Email #2 (Students, Please Provide An
Alternate Non-School Email): _____

Employer or School: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Type Of Practice: Residential Commercial
Other _____Member: \$50 Student: \$5
Industry Member \$75 Friend: \$5 Are You Currently A Member of: ASID IIDA
AIA IDEC
Other Make Membership Checks Out To: **IDLCPA**And Mail To: **1535 Parkwood Pointe Dr, Crescent PA 15046**Please Consider a Voluntary PAC Donation (Suggested Amount \$25), **Check To Be Made Out To "IDLCPA PAC"**To Pay By Credit Card, Please Visit Our Website: **IDLCPA.org** and Email Your Form To: **membership@idlcpa.org**

Thank You For Your Support!