



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 Commerical
Other _____

Member: \$50

Student: \$5

Friend: \$5

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