



## Pennsylvania State Association of Boroughs

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Website: <http://www.boroughs.org> E-mail: [general@boroughs.org](mailto:general@boroughs.org)

### PSAB Municipal Associate Membership Application

The undersigned hereby makes application for membership in the Pennsylvania State Association of Boroughs. Enclosed is a check for \$ \_\_\_\_\_ (\$150.00 annually).

January 1 through May 31 = \$150.00

June 1 through October 31 = \$75.00

Name \_\_\_\_\_

Municipality/Agency \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Web Address \_\_\_\_\_

Today's Date \_\_\_\_\_

Recommended by \_\_\_\_\_

Please make checks payable to PSAB.