

PBEA Membership Application

PART I: Work/Employment Information

Mr. Mrs. Ms. Miss Dr. (circle one) First and Last Name: _____

Please provide a maiden name if you think you may have registered before under a different last name: _____

Check here if retired. (If checked, please skip to Part II)

Check here if currently a college student. (If checked, please complete part I and be sure to give a personal email address in Part II)

Check here if this is a renewal or if you are reactivating your membership.

Work Position/Title: _____

School/Firm/Organization Name: _____

School Address: _____

School City/State/Zip: _____

School County: _____ (Needed to determine PBEA Region)

Work Phone: _____

School email address: _____

PART II: Home Contact Information

Home Address: _____

Home City/State/Zip: _____

Home e-mail address (Important in case we need to send information during the summer or if a we send something that may get blocked by your school district): _____

Home/Cell Phone: _____

REGULAR RATE: \$35 for one year and \$90 for three years

MEMBERSHIP RATES:

Please check one below. (Membership runs September – August)

1 year (\$35)

3 year Membership (\$90)

NOTE: Application can be mailed to: PBEA PO BOX 15, Newtown, PA 18940 (Check made payable to PBEA) or go to the PBEA website and complete the two part membership process (Application and Paypal.)

Questions? Please contact Membership Chair, Siri Sammartino via email at: sirisamm26@gmail.com