

APPLICATION FOR MEMBERSHIP

Regular_____

Junior_____

PENNSYLVANIA STATE SHOWMEN’S ASSOCIATION

In Applying for membership in the P.S.S.A., I do hereby agree to abide by the laws of the constitution of this Association, in so far as they pertain to me personally and to work towards those ends and purposes which will best serve the interests of all members.

Date_____

1. Name_____Business Name_____

2. Address_____County_____Twp._____

3. City_____State_____Zip Code_____

4. Telephone No._____Email_____

5. Do you belong to any other Showmen’s Club or Auxiliary? Yes____ No____ Date of Birth_____

6 In what capacity are you allied with Show Business?

_____ Carnival Owner	_____ Carnival Employee	_____ Food Concessions	_____ Supplier
_____ Games Concessions	_____ Entertainment	_____ Ride Owner	_____ Fair
_____ Booking Agent	_____ Allied Industry	_____ Junior Member	_____ Direct Sales

7. Have you ever been denied membership in this organization or in any other Showmen’s Club or been dropped from the same? Yes_____ No_____

8. As a member, I intend to vote in the (check one) _____ Eastern Chapter _____ Western Chapter of the State.

I hereby enclose:

_____ 2020 Regular Dues in the amount of \$35.00
 _____ 2020-2022 Regular Dues in the amount of \$90.00 (3 Years)
 _____ 2020 Junior Membership (Age 16 & 17) \$15.00

DUES MUST ACCOMPANY ALL APPLICATIONS

_____	_____
Signature of Applicant	Recommended by (please print)

Approved by Board of Directors Date_____

Please return to:
PA State Showmen’s Assoc.
P.O. Box 5
New Tripoli, PA 18066

RECEIPT FOR PSSA DUES

Date_____ Year_____

Received from_____ Amount_____

Received by_____