

Interested in becoming a member of EMPO?

Just print out the application below, fill it out, and send it with your Membership Dues to EMPO Secretary:

Nick Superko
241 Doolittle Hill Road
Laceyville, PA 18623

MEMBERSHIP APPLICATION

Is this a NEW _____ Application? Or a RENEWING _____ Application?

NAME: _____

HOME ADDRESS: _____

(no. & street)

(apt.)

(town/city)

(zip)

LAND LINE PHONE: _____ MOBILE: _____

EMAIL: _____

GENDER: () male () female () other DATE OF BIRTH: _____
mo day yr

FAMILY (if applicable):

Partner's name: _____

Children's names (under 18): _____

HOW DO YOU PREFER TO BE CONTACTED?

Land line phone () Mobile phone () Text () Email ()

(Your information will be kept confidential, and will NEVER be shared)

MEMBERSHIP FEES:

| | |
|-----------------------------------|------|
| _____ Individual Adult | \$10 |
| _____ Three Year Individual Adult | \$25 |
| _____ Family (four members) | \$15 |
| _____ Three Year Family | \$40 |
| _____ Youth (ages 13-18) | \$ 5 |
| _____ Child (12 years and under) | FREE |

TOTAL\$ _____

Please make checks payable to EMPO.

Signature: _____ Date: _____