

PACCSA Membership Application

Name _____ Phone:() _____ - _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Date ___/___/___

Membership Information

Single___ \$6/yr Family ___ \$9/yr New ___ Renewal ___

WebCam/Trail Improvement donation _____

If Applicable: No. of Ski for Life Members _____

Name(s) _____

Make checks payable to: PACCSA

Mail to:PACCSA

Rick Garstka, Treasurer

309 W. Marion St.

Munhall, Pa 15120