



STUDENT MEMBER APPLICATION

STUDENT \$25
(above rate effective July 1, 2010 – June 30, 2011)

Student Name: _____

Address: _____

Phone: _____

Email: _____

School/University: _____

Field of Study/Major: _____

Level: FRESHMAN SOPHOMORE JUNIOR SENIOR

Signature of Applicant: _____

The above signed hereby agrees to abide by the Articles of Incorporation and By-Laws, and to support the goals and objectives of the PA Tourism & Lodging Association.

Return to: PA Tourism & Lodging Association
PO Box 12025
Harrisburg, PA 17108-2025
FAX: 717-232-8948



PAYMENT INFO:

Amount enclosed: \$ _____

METHOD OF PAYMENT

- Check/Money Order
Make checks payable to PA Tourism & Lodging Association
- American Express VISA
- Mastercard Discover

Credit Card Account Number

____ / ____
Expiration Date

Verification Code

Cardholder's
Signature _____

Credit Card Billing Address _____

