



Pennsylvania State Mayors' Association

State Headquarters

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PSMA MEMBERSHIP APPLICATION

Please provide as much information as possible to assist the PSMA in communicating with you.

Mayor's Name _____

Municipality _____

County _____

Municipal Address:

Home Address:

E-mail address _____ Fax # _____

Preferred communication method: municipal home e-mail

Cell phone # _____ Municipal phone # _____

Home phone # _____ Work phone # _____

Preferred phone contact: cell home municipal work

What can the PSMA do to better serve you:

Your 2019 Membership Dues are \$60.00. Please make your check payable to the PSMA and mail to PSMA, 5200 Brightwood Road, Suite 201, Bethel Park, Pennsylvania 15102.