



Pennsylvania State Mayors' Association State Headquarters

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PSMA MEMBERSHIP APPLICATION FORMER MAYOR

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

Mayor's Name _____

Municipality _____

County _____

Home Address: _____

E-mail address _____

Preferred address: home ____ e-mail ____

Cell phone # _____ Home phone # _____

Preferred phone contact: cell ____ home ____

What can the PSMA do to better serve you:

Your 2024 Membership Dues are \$35.00. Please make your check payable to the PSMA and mail to PSMA, 5200 Brightwood Road, Suite 201, Bethel Park, Pennsylvania 15102.