



# 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 \_\_\_\_\_  
(to be printed on Certificate and Membership Card)

Municipality \_\_\_\_\_

County \_\_\_\_\_

Municipal Address:

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address \_\_\_\_\_

**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 2023 Membership Dues are \$70.00. Please make your check payable to the PSMA and mail to PSMA, 5200 Brightwood Road, Suite 201, Bethel Park, Pennsylvania 15102.**