



Today's Date: _____

Membership Application July 1, 2016 – June 30, 2017

Member 1: _____

PSU Alum/Grad Yr _____

Member 2: _____

PSU Alum/Grad Yr _____

Home Address: _____

Home Phone #: _____

Cell Phone #: _____

E-mail: _____

Career Information: Member 1 Member 2

Position: _____

Company: _____

Work Phone: _____

Hometown: _____

How would you prefer your copy of the annual directory (circle one): electronic hardcopy

Annual Membership Dues (Optional for Officers/Board Members) \$20

Business Card Advertisement in Directory: \$15

Scholarship Foundation Contribution: \$ _____

Total Amount Enclosed: \$ _____

Make check out to: Penn State Chapter of Great Tampa (PSCOGT)

Send Completed Application & Check to:

Tom Jablonowski
1927 Spanish Oaks Dr. S
Palm Harbor, FL 34683
(727) 798-9282

Like our Facebook Group "Penn State Chapter of Greater Tampa"



<http://www.facebook.com/group.php?gid=39784040780>

Check out our new website too!

<http://psutampa.weebly.com/>