



Council of the Alleghenies Membership Application Form

Please select a membership package from the three choices listed below:

_____ Active \$20 _____ Family \$35 _____ Sustaining \$50

Enclosed please find my membership dues in the amount of \$_____

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Please tell us how you first learned about the Council:

Please note: This is not an online submission form. You will need to print it off and mail it along with your payment to the address above. If you do not have access to a printer please write down the pertinent information and mail to the address above.

Please print this form, fill it out, and mail it (along with your payment) to:

Council of the Alleghenies
P.O. Box 514
Frostburg, MD 21532