

Print this application and then send completed application to:

Steve Plyler, Treasurer

Human Services Center

130 W. North Street

New Castle, PA 16101

Please make checks payable to:

The Coalition for Community Living

Membership Application

Name:	
Address:	
City, State, Zip:	
Country:	
Organization Affiliation:	
Phone (Office):	
Phone (Home):	
Email Address:	

Enclosed are my dues for (Thank You!):

Individual/professional	_____	\$55.00
Organization	_____	\$110.00 - \$10 additional for each lodge
Student	_____	\$15