

PABA Membership Application 2025 (Jan. 1 - Dec. 31) \$25

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ E-mail _____

Do you have any particular skills (welder, accountant, carpenter, doctor) that may be helpful to the group or membership? _____

Please circle your skill level... Beginner Intermediate Advanced Professional

PayPal option - Pabapaypal@gmail.com *(Use friends & family option)*

Make Checks payable to PABA. Send completed application and \$25 (one year) to: Lenka Votrubova - 1023 Old Penfield Rd, Clearfield, PA 16830

PABA USE

Cash _____ Check # _____ PayPal _____

New Member \$25 _____ **New Member after June** _____ **Renewal \$25** _____

June-Dec. price \$10 _____ 2024