



# PENNSYLVANIA DEER FARMERS ASSOCIATION MEMBERSHIP APPLICATION

(Please check one)     New     Renewal - Member # \_\_\_\_\_ (if known)

Membership Name: \_\_\_\_\_ Date \_\_\_\_\_

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Phone #1 (will appear in directory) \_\_\_\_\_ Phone #2: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website \_\_\_\_\_

I am joining as (please check one)

Active PA Propagator\* (voting privileges) - \$75.00

Associate Member (non-voting) - \$50.00

***\*Must be a Pennsylvania resident***

### IMPORTANT

Please check all that apply:

Farm

Hunting Ranch

(Ranch Name \_\_\_\_\_)

Other

I hereby make application to the Pennsylvania Deer Farmers Association, Inc. and certify that the information I have provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail application with payment to:*

*PA Deer Farmers Association*

*P. O. Box 5 • New Tripoli, PA • 18066*

*610-767-5026*

Payment method: \_\_\_\_\_ Check (made payable to PDFFA)

Credit Card - \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Card # \_\_\_\_\_ (Please print clearly)    Visa 3-digit V-code # \_\_\_\_\_

Cardholder Name \_\_\_\_\_ PRINT name as it appears on credit card    Expiration Date \_\_\_\_\_ (MM/YY)

Credit Card Authorized Signature \_\_\_\_\_