



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 _____