



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) - \$100.00

Associate Member (non-voting) - \$75.00

Life Member* (voting privileges) - \$1,000.00

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

IMPORTANT

Please check all that apply:

Farm

Hunting Ranch

Ranch Name & Contact info if different from Farm:

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 516 Fogelsville, PA. 18051

Payment method:

Check (made payable to PDFA) - # _____ Credit Card - Visa Master Card Discover

Card # _____ - _____ - _____ - _____ Expiration Date ____/____/____ 3-digit V-code _____
(Please print clearly)

Credit Card Authorized Signature

Credit Card Billing Zip Code