



PLAA MEMBERSHIP APPLICATION

- _____ \$15 Youth Membership (no vote)
_____ \$25 Individual Membership (one vote)
_____ \$35 Farm Membership (two votes)

Name(s) _____

Farm Name _____

Address _____

City, State, ZIP _____

Telephone _____ Fax _____

E-mail _____ Website _____

Select how you would like your listing to appear on the PLAA website:

- Complete listing which includes name, farm, postal service address, phone number, Email address, and website, if eligible.
- Complete listing excluding email address.
- Complete listing excluding email address and phone number.
- No listing

I would like to receive my newsletter electronically:

- Yes
- No

Amount enclosed\$ _____

Please make your check payable to PLAA & mail with application to:

**PLAA c/o Chuck Leach
PO Box 10
New Bethlehem, PA 16242-0010**