**Membership Application And**

**Dues Renewal Form**

**For 2015-2016**

**1. Mailing Address:**  **2. Contact Information:**

Name: Work Phone:

Company: Fax:

Address: Toll Free:

City: Home Phone:

State/Prov.: Email:

Postal Code:

**Pittsburgh Society for Coatings Technology**

**3. Membership Dues (NOTE: DUES INCREASE)**

❏ Primary Full Society Membership $40

❏ Secondary Full Society Membership $40

 \**Please indicate primary society membership:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ Student / Educator $10

❏ Retired Members $10

**4. Payment Information:**  **❏ Check (*make check payable to PSCT)***

**5. Signature and Date:** (*Required)*

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

**6. Return Application and Check to: Chris Gehly**

 Matthews International

 101 Fairview Ave.

 Pittsburgh, PA 15238

 cgehly@matw.com

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Total Amount Due**

**OFFICIAL USE ONLY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certified by Society Member Date**