



Pennsylvania State Mayors' Association State Headquarters

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PSMA MEMBERSHIP APPLICATION

Please provide as much information as possible to assist the PSMA in communicating with you.

Mayor's Name _____
(to be printed on Certificate and Membership Card)

Municipality _____

County _____

Municipal Address:

Home Address:

E-mail: _____

Preferred communication method: municipal ____ home ____ e-mail ____

Cell phone # _____ Municipal phone # _____

Home phone # _____ Work phone # _____

Preferred phone contact: cell ____ home ____ municipal ____ work ____

What can the PSMA do to better serve you:

Your 2024 Membership Dues are \$70.00. Please make your check payable to the PSMA and mail to: PSMA, 5200 Brightwood Road, Suite 201, Bethel Park, Pennsylvania 15102.