



Shamokin Creek Restoration Alliance

PO Box 263, Mount Carmel PA 17851

www.shamokincreek.org

2005 MEMBERSHIP APPLICATION/RENEWAL

DATE _____ TYPE OF APPLICATION: NEW RENEWAL

TYPE OF MEMBERSHIP: INDIVIDUAL FAMILY (in same residence)

BUSINESS GOVERNMENT CIVIC OTHER _____

NAME _____

ADDRESS _____

PHONE 1 _____ PHONE 2 _____ EMAIL _____

Individual membership dues = \$10.00 ----- All other membership dues = \$20.00

DUES \$ _____ DONATION \$ _____ TOTAL AMOUNT ENCLOSED \$ _____

Please return this form and dues/donation to the address above. Thank you!!

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RECEIPT – 2005 Membership

DATE _____ MEMBERSHIP TYPE _____ CHECK NO _____
DUES \$ _____ DONATION \$ _____ AMOUNT ENCLOSED \$ _____

Meetings second Tuesday of month, room 208, Northumberland County Career & Arts, Shamokin PA
Contacts: Jim Koharski, President, 570-644-0029; Leanne Bjorklund, Vice President, 570-373-1863;
Susan Zaner, Treasurer, 570-648-2354. Visit our website at www.shamokincreek.org.



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