

PSSA MEMBER CLUB REPRESENTATIVE FORM

Club Name:

Club Address:

Email for contact person:

Representative to Annual PSSA Meeting:

Alternate Representative:

Club Officer Signature:

Reminder that PSSA dues are \$5.00 per year. If dues have not been paid, they should accompany this form when it is returned.

Return form to: Zach Eschbach, Secretary

1106 Stinson Road,

Leesport, PA 19533

zach@malsnee.com