

Please print

Membership Form

Date: _____

Primary Member Name: First Last

Street Address

City State Zip

Main Phone# Alternate Phone#

e-Mail

Primary Membership \$20

Names of Additional Primary paid at \$20

of Secondary Membership \$5

Names of Secondary membership paid at \$5

Postage & Handling for bulletin \$5
(if not picking up in person)

Grand Total

Make Check Payable to WGHSEA and mail to PO Box 509, Mechanicsburg, PA 17055