



**AUSTIN DAM MEMORIAL ASSOC.
MEMBERSHIP FORM
\$5 (Annual) / \$100 (Lifetime)**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____

WORK PHONE: _____

EMAIL: _____

Please check here if you would like your newsletters via email.

We welcome any comments or suggestions.

Send completed form and fee to:

**Austin Dam Memorial Association
PO Box 136
Austin, PA 16720**