



# PATOS MEMBERSHIP APPLICATION

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL ADDRESS (if any) \_\_\_\_\_

ORGAN (if any) \_\_\_\_\_

( ) Family Membership (\$24.00/year)

( ) Individual Membership (\$12.00/year)

Please make check payable to:

PATOS  
5356 Overland Trail  
Pittsburgh, PA 15236-2843