FAX

PENNSYLVANIA MOUNTAIN SERVICE CORPS
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TO: PMSC – Patty Baker

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RE: Member Selection Confirmation

Organization's Name: _____

☐ Full-time ☐ Part-time ☐ Minimum-Time (300 Hour)

☐ **Continuing Member – Supply name only if all contact information is the same:**

_____

If you have multiple position descriptions, which position will this member fill? _____

Member's Name: _____ _____ _____
(First) (Initial) (Last)

Address: _____

_____
(City) (State) (Zip)

Phone: _____

This information will be used to initiate member enrollment.