# FAX

**PENNSYLVANIA MOUNTAIN SERVICE CORPS**
**119 Park Street**
**Ebensburg, PA. 15931**
**Phone: 814-472-7690**
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**E-mail - pmsc@pmsc.org**

**TO: PMSC – Patty Baker**

**FAX: 1-814-472-5033**

**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)

Email:_____

☐ Male ☐ Female

Home Phone:_____ Cell Phone:_____

**This information will be used to initiate member enrollment.**