



APPLICATION FOR MEMBERSHIP – 2025/2026

Contact us:

president@pottsvillecommunityassociation.org

secretary@pottsvillecommunityassociation.org

- Please complete an additional application for each person.
- **The annual membership fee is \$10 per person.**

FAMILY NAME:	
GIVEN NAME:	
ADDRESS:	
EMAIL:	
PHONE:	
BUSINESS NAME: If owner	

I agree to abide by the objectives of the Pottsville Community Association (the Association) and agree to accept and abide by the rules as outlined in the Association's Constitution. I acknowledge membership is accepted upon full payment of fees and is effective upon receipt of written notice by the secretary of the association. I understand voting rights are for paid and accepted members of the Association.

SIGNATURE:		
DATE:		
AMOUNT PAID:		
Cash	YES	Receipt number:
Direct deposit	YES	062-643 1008 5950