

700 Rishel Hill Rd

Bellefonte, PA 16823

[ppwa.org@gmail.com](mailto:ppwa.org@gmail.com)

(814) 548-1041

**Wardens Association**

**Pennsylvania Prison**

**MEMBERSHIP APPLICATION - DUES NOTICE**

**Membership dues for the year: 2024**

(Membership year runs January through December)

\_\_\_\_\_ New Member \_\_\_\_\_ Active Member $75.00 annually

\_\_\_\_\_ Retiree: $25.00 annually

\_\_\_\_\_ Renewal \_\_\_\_ Lifetime Retiree: $150.00 one-time payment

\_\_\_\_\_ \*Associate Member: $100.00 annually

Make checks payable to: **Pennsylvania Prison Wardens Association.**

Send application along with payment to the mailing address above and/or to the email address above. Payment options are the following: Checks (preferred method of payment), Money Order, ACH Transfer or Credit Card (see more information below)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Home information will not be shared or used for routine communications (except for retirees), but is appreciated for extraordinary circumstances and to continue communication after retirement\*\***

For full membership requirements, please see the definitions and by-laws of the association which may be referenced at <https://www.ppwa.org/membership.html>

Active members must be employed in an appropriate position in the Commonwealth of Pennsylvania. Private correctional employees are not eligible for any membership. Associate membership must be sponsored by an Active member of the Association and approved by the Executive Committee.

Credit Card Payment Option: Please list an email below & an email invoice link will be sent to you to pay by credit card. This service is supported by SQAURE, and a ***Convenience Fee*** (3.5%) will be added.

* YES - I want to pay by credit card, and I understand that a convenience/service fee will be added

**Send Invoice To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**