



Lodge Leadership Pre-Registration Form

Lodge Name: _____
Contact Name: _____
Training Site & No.: Annual Convention

Lodge #: _____
Contact Phone: _____
Class Date: 8/19/2021

COST = \$15/Person

PLEASE PRINT LEGIBLY

<u>Position</u>	<u>Name</u>	<u>MID#</u>	<u>Amt Pd</u>
President			
Jr. Past President			
Vice President			
Chaplain			
Treasurer			
Administrator			
Trustee 1 Yr			
Trustee 2 Yr			
Trustee 3 Yr			
Other			
Other			
Other			
Other			

Total Amt Paid: _____

Total Number of Attendees: _____

Check #: _____

Please Complete and Return this form along with check made payable to the PMA to:

Cindy Schilling
PMA Fraternal Education Coordinator
408 W Horner St., #17
Ebensburg, PA 15931

REFUND POLICY: Refunds will only be given if cancellations are made in writing 72 hours prior to class date.

