



## Lodge Leadership Pre-Registration Form

### Registration Deadline:

Lodge Name: _____	Lodge #: _____
Contact Name: _____	Contact Phone: _____
Training Site & No.: _____	Class Date: _____

**COST = \$15/Person - Includes Materials**

**Complete the following information for all Officers attending training:**

PLEASE PRINT LEGIBLY

<i><b>Position</b></i>	<i><b>Name</b></i>	<i><b>MID#</b></i>	<i><b>Amt Pd</b></i>
Governor		#	\$
Jr. Past Governor		#	\$
Jr. Governor		#	\$
Prelate		#	\$
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 Croyle  
PMA Fraternal Education Coordinator  
408 W Horner St., #17  
Ebensburg, PA 15931

