



Lodge Leadership Pre-Registration Form

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

<u>Position</u>	<u>Name</u>	<u>MID#</u>	<u>Amt Pd</u>
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 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.

