



## 2019 Membership Application

Thank you for your interest in becoming a PSCT member.  
We look forward to being an industry resource for you and your company.

You may submit your completed application via email to [philadelphiacoatings@gmail.com](mailto:philadelphiacoatings@gmail.com)  
or via regular mail to:

**PSCT**  
**PO Box 19**

**Wynnewood, PA 19096**

**Fax: 610-642-3335; Phone: 610-642-7427**

Please make checks payable to: **PSCT** or pay online by visiting **PSCT.org** and clicking the **Join Now** tab.  
If you would like us to process your payment using a credit card, please provide the information requested below.

**One-Year PSCT Membership: \$35**  
**Retirement Membership: \$10**

**Member Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company/Mailing/Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Primary Email Address:** \_\_\_\_\_ **Secondary Email Address:** \_\_\_\_\_

**Company Description:** \_\_\_\_\_

\_\_\_\_\_

### **For Credit Card Payments ONLY**

**Name as it appears on your credit card:** \_\_\_\_\_

**Credit Card Type** (Visa/MC/AMEX, etc.): \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Expiration Date:** MM/YY \_\_\_\_\_ **Security Code** (Digits are located on back of your card): \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_

Questions? [philadelphiacoatings@gmail.com](mailto:philadelphiacoatings@gmail.com)