PANHANDLE SENIOR TRAVELERS (PST) MEMBERSHIP FORM

PLEASE PRINT ALL INFORMATION

Name:			
Street Address:			
City:		State:	Zip:
Mailing Address: If the same as the	he street address, ple	ase check here	
If Different: Street:			
City:		State:	Zip:
Cell Phone:	Home	Phone:	
Email Address:			
Emergency Contacts:			
#1. Name:			
Relationship:			
Contact Phone Number:			
#2. Name:			
Relationship:			
Contact Phone Number:			
***The Panhandle Senior Traveled directors act only as agents on beldeath, loss, or expense incurred as parties, or purveyors of services to accepting membership in P and regulations of the Panhandle is available on our website: pstrave with said Bylaws.	half of its members a s the result of neglige o club members. ST and when traveling Senior Travelers as s	nd accept no respondence or wrongdoing agree with PST, I agreed in the Bylaw	onsibilites for injury, g by any individuals, ee to abide by the rules vs. A copy of the Bylaws
Signature of Acceptance:			
Date:			
Annual Membership \$15.00 (Janu	uary 1 – December 31	l) ***Membershi _l	p Dues are NOT Prorated
Check one: Renewal: N	New:		
Check made payable to "PST" or	"Panhandle Senior	Travelers"	
Check # Amount			