



The District Association
Membership Form

Name _____

Address _____

e-mail _____

I would like to join for:

Family	\$35.00
Sustaining	\$75.00
Benefactor	\$125.00
Business	\$150.00
Other Amount	_____

Checks payable to The District Association

Return to:

**The District Association
P.O. Box 111595
Pittsburgh, PA 15238**