



314 Central Ave., Suite 206, Central City, PA 15926
Phone: (814) 754-5953 Fax: (814) 754-5953
www.shadecreekwatershed.org

2012 SCWA Membership/Donation Form

Name(s): _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ * e-mail: _____

Please Select Membership Level:

Individual \$5.00 Family \$10.00 Not interested or I'm already a member.

I would like to make a donation in the amount of: \$_____

Amount Enclosed: \$_____ (Please make check payable to SCWA)

I am interested in volunteering in the following area(s):

Water Sampling/Monitoring Limestone Dosing – ATV Limestone Dosing – Laborer

Fundraising Volunteer Community Outreach Volunteer Member/Donation only

Other (Please Specify): _____

Would you like to receive a copy of the SCWA newsletter via e-mail?

Yes, I would like to receive the SCWA newsletter No, not at this time.

*Email for SCWA use only and preferred way of communication

Thank You for joining SCWA!

Restoring and protecting water quality and fish habitat of Shade Creek and its tributaries.