



314 Central Ave., Suite 206, Central City, PA 15926
Phone: (814) 444-2996
www.shadecreekwatershed.org

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)

Comments: _____

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

Water Sampling/Monitoring Limestone Dosing General Laborer

Fundraising Volunteer Community Outreach Volunteer Member/Donation only

Other (Please Specify): _____

* 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.