North Fork Chapter 29 Annual Membership				
Name:		Date:		
Address:	City:		State:	Zip:
Telephone No.	Email addre	ess:		
Are You a member of the SPA ? Yes	NO			
DUES: Individual: \$10.00	Family: \$12.00	Student: \$6.00	_ Life: S	\$100.00
Mail to Cheryl Burkett 2717 Brookville Street Fairmount City, PA 16224		Does NOT inc		ership ership in the State iia Archaeology

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