

Yes, please accept my/our annual BSWP membership fee!

Name(s) _____

Street Address _____

City, State, Zip _____

E-mail Address _____

New member? Yes ___ No _ OR: New mailing address? Yes ___ No ___

Your check of \$10/person or \$15/family is payable to the BSWP.

YOUR ANNUAL PAYMENT FOR
BSWP MEMBERSHIP AND
NEWSLETTER SUBSCRIPTION

Fill out the form and mail with your check to:
Mark Bowers, 279 Orr Road,
West Newton, PA 15089