



## Lodge Leadership Pre-Registration Form

Lodge Name: \_\_\_\_\_ Lodge #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Training Site & No.: \_\_\_\_\_ Class Date: \_\_\_\_\_

**COST = \$15/Person - Includes Materials**

**Complete the following information for all Officers attending training:**

PLEASE PRINT LEGIBLY

<u>Position</u>	<u>Name</u>	<u>MID#</u>	<u>Amt Pd</u>
Governor			
Jr. Past Governor			
Jr. Governor			
Prelate			
Treasurer			
Administrator			
Trustee 1 Yr			
Trustee 2 Yr			
Trustee 3 Yr			
Other			
Other			
Other			
Other			

Total Amt Paid: \_\_\_\_\_  
 Total Number of Attendees: \_\_\_\_\_  
 Check #: \_\_\_\_\_

**Please Complete and Return this form along with check made payable to the PMA to:**

Cindy Croyle  
 PMA Fraternal Education Coordinator  
 408 W Horner St., #17  
 Ebensburg, PA 15931

REFUND POLICY: Refunds will only be given if cancellations are made in writing 72 hours prior to class date.

