



PITTSBURGH SOCIETY FOR COATINGS TECHNOLOGY

PSCT MEMBERSHIP APPLICATION AND DUES RENEWAL FORM

1. MAILING ADDRESS:

Name: _____

Company: _____

Address : _____

City: _____

State/Prov: _____ Postal Code: _____

2. CONTACT INFORMATION:

Work Phone: _____

Fax: _____

Toll Free: _____

Home Phone: _____

Email: _____

3. PSCT MEMBERSHIP DUES

Full Society Membership \$40

Student / Educator \$10

Retired Members \$10

4. PAYMENT INFORMATION:

Check payable to PSCT. Amount enclosed: \$ _____

5. SIGNATURE AND DATE: (Required)

Signature: _____ Date: _____

6. RETURN APPLICATION AND CHECK TO:

Art Kasson
180 Bradford Rd
Bradfordwoods, PA 15015
412-389-4977
PSCT1927@gmail.com

OFFICIAL USE ONLY:

Certified by Society Member _____ Date _____