

PENNSYLVANIA HIGH SCHOOL SPEECH LEAGUE MEMBERSHIP FORM

SCHOOL _____ District # _____

ADDRESS _____

_____ ZIP _____

SCHOOL PHONE (____) _____ FAX (____) _____

COUNTY _____ MEMBER PREVIOUS YEAR? _____

E-mail Address _____

One person will receive PHSSL correspondence. Please indicate on this form who should receive the correspondence from PHSSL's office and who will share the information with the other coach(es). If no preference is indicated, all correspondence will go to the Forensic Director at the school address.

FORENSIC DIRECTOR _____

HOME ADDRESS _____

_____ ZIP _____ HOME PHONE (____) _____

DRAMA COACH _____

HOME ADDRESS _____

_____ ZIP _____ HOME PHONE (____) _____

HIGH SCHOOL PRINCIPAL _____

HOME ADDRESS _____

ZIP _____ HOME PHONE (____) _____

PRINCIPAL'S SIGNATURE _____



Return this form to: Larry D. Augustine, Executive Director
 Pennsylvania High School Speech League
 Susquehanna University

Telephone: (570) 372-4300

Fax: (570) 372-2757

E-mail: augustin@susqu.edu

trotta@susqu.edu

514 University Drive
 Selinsgrove, PA 17870-1164

MEMBERSHIP FEE OF \$50.00: IS ENCLOSED _____
 (Includes electronic version of the ALREADY PAID _____
Communicator.) PLEASE BILL _____

**MEMBERSHIPS NOT PAID BY DECEMBER 1 WILL BE
 ASSESSED A \$25.00 LATE FEE.**

MEMBERSHIP FEE OF \$65.00: IS ENCLOSED _____
 (Includes paper copy of the ALREADY PAID _____
Communicator.) PLEASE BILL _____