



# The Emergency Aid Of Pennsylvania Foundation

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**Membership Fees: \$75.**

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**Name**

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First Name

\_\_\_\_\_

Last Name

**Phone Number**

\_\_\_\_\_

**E-mail**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**I would like to volunteer on the:**

Mentoring Committee

Scholarship Committee

Grants Committee

Events Committee

I would like to learn more about volunteering. Please call me.