FEBT MEMBERSHIP APPLICATION/RENEWAL

☐ **Yes**, start my membership in **Friends of the East Broad Top** today.

☐ Please renew my membership in **Friends of the East Broad Top**. My membership number is_____(if known)

☐ Please start a gift membership in **Friends of the East Broad Top** for the following:

Please use this space to tell us who the membership is for (you or your gift recipient):

First Name:_____Initial:_____Last Name: _____

Address: _____ Email: _____

City: _____ State: _____Zip: _____

I've enclosed payment for the membership classification checked below:

☐ Regular ($35*)

☐ Family ($45)

☐ Sustaining ($100)

☐ Associate ($150)

☐ Life ($1000)

☐ Student/Senior ($30*)

Membership Dues:	
Please add a $10 surcharge for non-US mailing addresses for classifications marked * above:	
Restoration Fund donation:	
Total: (Payment enclosed)	

Please send your completed membership form (and payment) to:

FEBT Membership Office
c/o Elaine Snider
P. O. Box 13
Marion, PA 17235

Please do not send cash in the mail.
Please make all checks or money orders payable to **Friends of the East Broad Top**. Payment in US funds only please.

If this is a gift membership, please use this space to provide us with your name and complete mailing address.

First Name:_____Initial:_____Last Name: _____

Address: _____ Email: _____

City: _____ State: _____Zip: _____

(Revised 2026-06-30)