

**SOMERSET, INC.  
MEMBERSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Type of Membership  
(check one)**

**Individual**                      **\$20.00**

**Family**                              **\$35.00**

**Non-Profit**                      **\$50.00**

**Basic Business \$125.00**

**I accept your invitation to join Somerset, Inc. and have enclosed my annual  
membership dues**

\_\_\_\_\_  
**Signature**

**Please make checks payable to  
Somerset, Inc.  
P.O. Box 876  
Somerset, PA 15501-0876**