

Please complete (even if you are renewing) and mail with your check for your 2025/26 dues, payable to "PMA". **Mail to: PMA, P.O. Box 483, Mt. Holly, NJ 08060.**

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Can we save postage by sending you the Prison Museum Post and notices by email: Yes \_\_\_\_\_ No \_\_\_\_\_

**Amount enclosed (check one):**

\_\_\_\_\_ \$15 for an individual membership

\_\_\_\_\_ \$25 for a family membership (2 adults)

\_\_\_\_\_ Additional donation