Pennsylvania State Constables Association, Inc.

2025 PSCA MEMBERSHIP APPLICATION

I fully support the efforts of the PSCA to upgrade the performance, job security and benefits for the constable, and to regain dignity and respect historically enjoyed by America's first law enforcement officer – THE CONSTABLE.

PLEASE PRINT CLEARLY, Thank You!

Name: _____ Date: _____
First M.I Last

Address: _____ City: _____

County: _____ PSCA Chapter: _____ State: _____ Zip: _____

Date of Birth: _____/_____/_____ CONSTABLE ( ) DEPUTY CONSTABLE ( )

Home Phone: ( ) _____ Cell Phone: ( ) _____

E-mail: _____

Are you PCCD Certified YES ( ) NO ( ) If yes, PCCD Certification # _____

TYPE OF MEMBERSHIP: ☐ NEW MEMBERS - $25.00

MEMBER-AT-LARGE: ☐ $25.00 - Where NO PSCA Chapter exists ***or*** you choose not to belong to a local Chapter and want to be a PSCA member. **PSCA recommends that you belong to your local Chapter, where available**. Chapter Membership additional – please contact them directly.

☐ ASSOCIATE MEMBER - $15.00 (Non-Constable)

( ) I am no longer a Constable ***(Please complete name & address section and return this form to be removed from our mailing list)***

Signature of Applicant: _____

Please enclose application and your check made **payable to ... PSCA**

Mail to: **PSCA Membership**
P.O. Box 1484
Media, PA 19063

For additional information call: 484-429-3246

Office use only: Date Received: _____ Amount Received: _____

Check # _____ Money Order: ( ) PSCA I.D. Number: _____ Card Issued: ( )