

## CWD Application

We (I) agree to join Unified in this Sponsored Research Partnership. Along with this agreement form, we (I) have included grant funding toward continuation of Dr. Bastian's research at LSU. Funding should be made payable to "Unified Sportsmen of Pennsylvania", and will be deposited in a CWD account for transfer to LSU and Dr. Bastian. It is understood that neither Dr. Bastian, LSU, or Unified can guarantee the successful outcome of the research nor the ability to successfully field-test associated diagnostic tests and/or vaccines. Unified will acknowledge all funding entities as being partners in this historic endeavor.

Name of Partner: \_\_\_\_\_

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

\_\_\_\_\_

Officer or Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Grant: \_\_\_\_\_ Type of Payment: \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Make grants payable to "Unified Sportsmen of Pennsylvania". Please send this agreement form and funding to: Unified Sportsmen of Pennsylvania, c/o Pete Kingsley (Treasurer), 340 Hilltop Road, Strasburg, PA 17579. If questions: (717)682-3999.  
USP/JFE/181026

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## USP Membership Application

Or join online at

[www.gouasp.org](http://www.gouasp.org)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please remit payment to: USP Membership 530 4th Avenue Sutersville, PA 15083

MEMBERSHIP Individual 1 Year \$20 \_\_\_\_\_ 2 Years \$35 \_\_\_\_\_ 3 Years \$50 \_\_\_\_\_

Sportsmen's Club \$100 \_\_\_\_\_ Lifetime Member \$250 \_\_\_\_\_ Total \$ \_\_\_\_\_