

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 and funding to: Unified Sportsmen of Pennsylvania, c/o Pete Kingsley (Treasurer), 340 Hilltop Road, Strasburg, PA 17579. If questions: (717)6823999.

USP Membership Application or join online at (www.gousp.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 _____ Individual Lifetime Member \$250 _____

Business \$50 _____ Sportsmen's Club \$100 _____ Hunting Camp \$25 _____

Corporate Platinum \$10,000 _____ Diamond \$5,000 _____ Gold \$2,500 _____ Silver \$1,000 _____

Total \$ _____