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I hereby agree to abid									
Failure to do so may and can result in the immedeiate termination of my membership from the PHL and the loss of any monies given towards membership, dues, or donations to the PHL.									
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All information provided is private and confidential and is used to comply with our corporation status and will not be released to any individuals or entity without expressed permission of applicant.

DATE

SIGNATURE_

Form PHL-8

Member: ____