Pennsylvania Society of Tax & Accounting Professionals

Classified Advertising Request Form

Date of Request: _____

Name: _____

PSTAP Member: ☐ Yes ☐ No

Classified Ad Title: _____

Body of Classified Ad: _____

Classified Ad Contact information:

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

This ad will be posted to PSTAP's website on the Classified Ad page www.pstap.org/classified-ads for one month.

☐ PSTAP Member – FREE

☐ Non-Member – Paid ad request