

Membership and Subscriptions: Mail form

Please print this form, complete the requested information, and mail it with your payment to:

PCAS Membership
P O Box 10926
Costa Mesa, CA 92627

Memberships and subscriptions are for the 2012 calendar year.

Name: _____

Street address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

_____ Yes, I would like to receive the Newsletter by email. Please be sure email address is legible.

I have read and agree to abide by the PCAS Code of Ethics.

(signature) _____

Membership

- | | | |
|--|---------------|---|
| <input type="checkbox"/> Active member | \$45 | All members receive the Newsletter and Quarterly. |
| <input type="checkbox"/> Active family (2 persons) | \$50 | |
| <input type="checkbox"/> Supporting member* | \$55 or above | |
| <input type="checkbox"/> Donor member* | \$75 or above | |
| <input type="checkbox"/> Lifetime member* | \$1,000 | |
| <input type="checkbox"/> Student Associate | \$10 | Student Associates receive the email PCAS |

*may be family membership

Newsletter (no Quarterly) and have no voting rights.
Please submit proof of student status.

Subscriptions only

- | | |
|--|---------|
| <input type="checkbox"/> Quarterly only | \$37.00 |
| <input type="checkbox"/> Newsletter only | \$18.00 |
| <input type="checkbox"/> Both publications | \$55.00 |

_____ I want to make an additional donation to scholarship fund of \$ _____