

# 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 2016 calendar year.

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Newsletters will be sent by email unless mailed copies are requested.

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  | \$40.00 |
| <input type="checkbox"/> Newsletter only | \$20.00 |

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