

PCAS 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 2010 calendar year.

Name: _____

Street address: _____

City: _____

State: _____ Zip _____

Phone: _____

Email: _____

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 and above | (Supporting, Donor, and Life categories may be individual or family memberships.) |
| <input type="checkbox"/> Donor member | \$75 and above | |
| <input type="checkbox"/> Life member | \$1,000 | |
| <input type="checkbox"/> Student associate | \$10 | (Student associates receive the email PCAS Newsletter (no Quarterly) and have no voting rights. Submit proof of student status.) |

Subscriptions Only

- | | |
|--------------------------------------------|------|
| <input type="checkbox"/> Quarterly only | \$37 |
| <input type="checkbox"/> Newsletter only | \$18 |
| <input type="checkbox"/> Both publications | \$55 |

Yes, I would like to receive the Newsletter by email _____

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

