

# 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 calendar year.

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

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

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

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

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

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

PCAS Newsletters will be sent to the email address listed above unless a hard copy is specifically 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       |   |

\*may be family membership

## **Subscriptions only**

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Quarterly only  | \$40.00 per volume |
| <input type="checkbox"/> Newsletter only | \$20.00 per year   |

\_\_\_\_\_ I want to make an additional donation of \$ \_\_\_\_\_ to PCAS Scholarship Fund.