

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

- Active member \$45
- Active family (2 persons) \$50
- Supporting member* \$55 or above
- Donor member* \$75 or above
- Lifetime member* \$1,000
- Student Associate \$10

*may be family membership

All members receive the Newsletter and Quarterly.

Student Associates receive the email PCAS Newsletter (no Quarterly) and have no voting rights. Please submit proof of student status.

Subscriptions only

- Quarterly only \$40.00 per volume
- Newsletter only \$20.00 per year

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