



# PASC MEMBERSHIP FORM

**Pennsylvania Association  
of Senior Centers**  
www.pascpulse.org  
info@pascpulse.org

**Please note: You MUST be affiliated with a Senior Center to join PASC.**  
**It is important that you complete all of the requested information below so that we can apply your payment correctly and contact you if we need to do so. PLEASE PRINT and ATTACH A BUSINESS CARD**  
**If you are using one check to pay for more than one membership, please include an individual form for each member and center.**  
**PLEASE ATTACH CHECK TO MEMBERSHIP FORM(S)**

Date: \_\_\_\_\_ I am \_\_\_ A Renewing Member # \_\_\_\_\_

\_\_\_\_\_ I am a New Member – Dues \$65.00 (Next January- Renewing Dues will be \$45.00)

\_\_\_\_\_ I am a Renewing Member- Dues \$45.00 (if membership expired more than 1 year ago,  
You must register as a New Member)

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

Referred by (PASC Member Name, If Applicable) \_\_\_\_\_

**Center Information:** Please Circle Your Region: NE SE C SW NW

Center Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Web Address: \_\_\_\_\_ Fax: \_\_\_\_\_

I am interested in joining the Board, when an opening in my region exists, and serving on/or working with a PASC Committee: \_\_\_ Membership \_\_\_ Professional Development \_\_\_ Public Policy \_\_\_ Public Relations

**Make Check Payable to: PASC and mail with the completed membership form(s) to Attn: Judy Holden  
Pennsylvania Association of Senior Centers (PASC)  
P.O. Box 104, Laughlintown, PA 15655**

If you have questions or wish to speak with a current member of the PASC Board of Directors, please contact us via [info@pascpulse.org](mailto:info@pascpulse.org) and tell us the best way/time to reach you. A Board Member will contact you.

By becoming a Member of PASC you authorize your name and contact information to be included in the PASC Membership Directory unless checked.  I do not wish to be included in the Membership Directory. The PASC mailing list will not be sold.

-----Please Do Not Write Below This Line-----

Name: \_\_\_\_\_ Member # if Renewal: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date Received: \_\_\_\_\_ Check or Money Order #: \_\_\_\_\_ Date Deposited: \_\_\_\_\_