



PASC Membership Form
Pennsylvania Association of Senior Centers

Date*:

I am*: **New Member \$65** **Renewing Member \$45**

If renewing member, please include membership number:

Name:

Center Information

Please select your region:

NE

SE

C

SW

NW

Title

Address

County

Email

Phone Number

Website Address

Fax Number

I am interested in joining the board, when an opening in my region exists, and serving on/or working with a PASC Committee:

Public Policy

Public Relations

Membership

Professional Development

If you have questions or wish to speak with a current member of the PASC Board of Directors, please contact us via info@pascpulse.com and tell us the best way/time to reach you. A board member will contact you.