



**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](mailto:info@pascpulse.com) and tell us the best way/time to reach you. A board member will contact you.**