



**Pennsylvania Association of  
Senior Centers**

[www.pascpulse.org](http://www.pascpulse.org)

[info@pascpulse.org](mailto:info@pascpulse.org)

*PASC serves as YOUR  
Voice in Harrisburg . .*

## **About PASC:**

The Pennsylvania Association of Senior Centers (PASC) is the only professional organization in Pennsylvania dedicated to advocating for Senior Centers and the consumers we serve.

## **PASC works to:**

- Provide professional training for the enhancement of Senior Center activities.
- PASC was instrumental in the development of the \$3 million Senior Center Grant Program and continues to advocate for the Senior Center line item in the Pennsylvania General Budget.
- PASC representatives meet regularly with staff from the Department of Aging, other state organizations, collaborative organizations, and legislators.
- PASC promotes communication and advocacy efforts with the policymakers in the Commonwealth.
- PASC collaborates with other agencies and member organizations on issues which affect home and community services for older adults.
- PASC provides ideas and information for improving the operation of Senior Centers in Pennsylvania.

## **Your Membership in PASC Includes:**

- ✓ Attendance at the annual conference at a discounted rate. Every Fall, PASC members travel to State College for educational sessions, networking with other Senior Center professionals, and meet sponsors and vendors in the industry.
- ✓ Regional trainings that provide relevant topics and opportunities to network with Senior Center professionals from nearby counties.
- ✓ Membership newsletter that highlights our centers' work, provides useful information, program ideas, policy updates, and industry news and trends.
- ✓ Access to PASC website with member exclusive content, sharing ideas, information, and center opportunities.
- ✓ Volunteers from PASC successfully advocate for the \$3 million Senior Center Grant Program to remain a yearly line item in the Pennsylvania General Budget.
- ✓ Access to our advocate in Harrisburg who keeps up to date on policy changes and actions taken in our State Capital by elected officials and relays the information and suggestions to the PASC Board.
- ✓ Access to a network of professionals that provide support, innovative solutions, and Mentorship.



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# PASC MEMBERSHIP FORM

**Please note: 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 # \_\_\_\_\_ (\$45)

\_\_\_\_\_ I am a New Member (Dues Prorated)

\_\_\_\_\_ Joining 1<sup>st</sup> quarter (Jan, Feb, Mar) - \$65.00

\_\_\_\_\_ Joining 3<sup>rd</sup> quarter (July, Aug, Sept) - \$32.50

\_\_\_\_\_ Joining 2<sup>nd</sup> quarter (Apr, May June) - \$48.25

\_\_\_\_\_ Joining 4<sup>th</sup> quarter (Oct, Nov, Dec) - \$16.25

**New Members – Please Note: Next January – Renewing Dues will be \$45**

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-----

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

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