

PSA CLUB/COUNCIL MEMBERSHIP APPLICATION

(Please feel free to make photocopies of this form for membership application.)

Please print or type:

Club or Council Name _____

Club Representative Name _____

Club Representative Mailing Address _____

Club or Representatives Telephone (____) _____

City, State/Province, Zip/Postal Code, Country _____

Contact Email _____

Club Website _____

Please check membership desired:

	1-Yr. Rate	2-Yr. Rate	3-Yr. Rate
<input type="checkbox"/> Regular Membership – US, Canada & Mexico	\$45	\$88	\$128
<input type="checkbox"/> Regular Membership – For clubs outside North America	\$53	\$104	\$152

The rate decreases for additional years paid in advance (3 yrs. max.)
For example: 1 year... \$45 2 years... \$43 (\$45+\$43 = \$88)

Make check payable to PSA in U.S. Funds drawn on a U.S. Bank, or submit credit card information. (Do not send cash in the mail.)

MasterCard VISA Number _____ Exp.Date _____ Signature _____

PSA Sponsor: _____

PLEASE MAIL COMPLETED FORM TO:
PSA Headquarters, 3000 United Founders Blvd., Suite 103, Oklahoma City, OK 73112-3940, U.S.A.

