

**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:**

	<b>1-Yr. Rate</b>	<b>2-Yr. Rate</b>	<b>3-Yr. Rate</b>
<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: Robert B. Gorrill, APSA

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

