

PSA MEMBERSHIP APPLICATION

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

Please print or type:

Family Name _____ First Name _____ Birthdate _____
Month/Day/Year

Address _____ Telephone (____) _____

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

Please check membership desired:

US, Canada & Mexico / Overseas

	1-Yr. Rate	2-Yr. Rate	3-Yr. Rate
<input type="checkbox"/> Individual regular (19 to 71)	\$45/53	\$88/104	\$128/152
<input type="checkbox"/> Individual senior (72 and older)	\$40/47	\$77/91	\$113/132
<input type="checkbox"/> Joint (19 to 71)	\$68/76	\$133/150	\$196/221

Second member's name: _____

<input type="checkbox"/> Joint senior (both 72+)	\$62/69	\$122/136	\$180/201
--	---------	-----------	-----------

Second member's name: _____

Second member's birthdate: _____

(A joint member is defined as a spouse or other household member residing at the same address.

If unmarried, designate one member as the primary addressee.)

<input type="checkbox"/> Individual youth (18 or less)	\$29/35	\$56/68	\$80/99
<input type="checkbox"/> Photo Organization (club/council)	\$45/53	\$88 /104	\$128/152
<input type="checkbox"/> Business/institutional member	\$45/53	\$88/104	\$128/152

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 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.

