



Membership Enrollment Form

Membership Information

Type of Membership Individual \$30/year Family \$50/year Please make check payable to PAC

Name _____

Street Address _____

City, State, Zip _____

Home Phone/Work Phone _____

Email address _____

- Please **exclude** my email in PAC directories
- Include me on the Community Informal Activities email list
(expect two emails per month maximum, you can unsubscribe at any time)

Personal Information

- Include my personal information in PAC directories

Profession _____

Company Name _____

Title _____

Work Phone _____

Birth day _____

Hobbies and Interests _____

Please send form to: PAC Membership, 454 Las Gallinas Ave, #215, San Rafael, CA 94903