

2024 MEMBERSHIP APPLICATION

PANAMA CANAL SOCIETY, INC. 15131 OGDEN LOOP, ODESSA, FL 33556-4633

PLEASE PRINT CLEARLY - QUESTIONS? Call (813) 949-6699

Did an	ny of your contact i	nformation change from previous	application? YES NO	
The m		Directory is for members only and OT WANT YOUR CONTACT INFORMATION		^
NAME	I:			
	Last (Legal) Nar	ne and Maiden (if applicable.)	First Name	M.I.
MAILI	ING ADDRESS:			
		Street and/ or P.O. Box #	City	State Zip Code
PHON	IE: ()	EMAIL:		
SPOU	SE NAME:			
	I	ast and/or Maiden Name	First Name	M.I.
PHON	IE: ()	EMAIL:		
WOULD YOU CONSIDER BECOMING A REUNION VOLUNTEER?				
	EMBER: (Select and complete all that apply) Descendent/Dependent of: Descendent/Dependent of: Off Free larger Descendent Descend			
	CZ Employee - Retired Date: CZ Employee - Retired Date: US Military Service:			
	US Government Employee: US Government Employee:			
	Contractor supporting US Government Agencies Attend(ed) private/public school in CZ/Former CZ: Attend(ed) private/public school in CZ/Former CZ: Attend(ed) private/public school in CZ/Former CZ			
Schoo	l:	Year	School:	Year
ASSO	CIATE MEMBER: S	Sponsored by:		Member#:
PCS Sponsor Address/Phone #:				
Eligibility for Membership ONLY REQUIRED FOR 1st time Applicant OR Renewing Inactive Member				
Please SELECT payment type for appropriate membership - Applicants must be 18 years old or older.				
	 \$50 - Renewal Membership for CURRENT MEMBERS when PAID BEFORE January 31st of current year. \$60 - Renewal for Inactive and 1st time Eligible Membership includes \$10 admin fee if NOT paid before January 31st. \$250 - Governor's Club Membership - 5-year membership includes special benefits and a one-time gift package. 			
	\$60 – Renewal Membership for CURRENT ASSOCIATE Members when PAID BEFORE January 31st of current year. \$70 – Renewal for Inactive and 1st time Associate Membership includes \$10 admin fee if NOT paid before January 31st. \$300 – Governor's Club Associate Membership – 5 year membership includes special benefits and a one-time gift package.			
	TOTAL Amount:	\$ Is this a gift?		
PAYM	ENT TYPE:			
Check #(Made on US Bank - Make payable to <u>Panama Canal Society, Inc.</u>)				
Money Order #(Make payable to <u>Panama Canal Society, Inc.)</u> Master Card / Visa Credit Card: Exp:				
(Subject to Processing Fee.)				

SEND COMPLETED FORM TO ODESSA ADDRESS LISTED ABOVE OR EMAIL TO OFFICE@PANCANALSOCIETY.ORG