

MEMBERSHIP APPLICATION

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

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

Did any of your contact information change from previous application? **YES NO**

The membership Annual Directory is for members only and is not used for commercial purposes. IF YOU DO NOT WANT YOUR CONTACT INFORMATION PUBLISHED IN THE ANNUAL DIRECTORY, CHECK THIS BOX.

NAME:		
Last (Legal) Name and Maiden (if applicable.)	First Name	M.I.
MAILING ADDRESS:		
Street and/ or P.O. Box #	City	State Zip Cod
PHONE: () EMAIL:		
SPOUSE NAME:		
Last and/or Maiden Name	First Name	M.I.
PHONE: ()EMAIL:	COMING A REUNION VOLUNTEER?	
MEMBER: (Select and complete all that apply) Descendent/Dependent of:	CZ Employee – Retired Date US Military Service: US Government Employee: Contractor supporting US Gov Attend(ed) private/public sch	ernment Agencies
ASSOCIATE MEMBER: Sponsored by:		Member#:
PCS Sponsor Address/Phone #:		
Eligibility for Membership ONLY REQUIRED FO Please SELECT payment type for appropriate m \$50 - Renewal Membership for CURRENT MEMBERS wh \$60 - Renewal for Inactive and 1st time Eligible Membership \$250 - Governor's Club Membership - 5-year membership	embership - Applicants must be 18 yea en PAID BEFORE January 31st of current y pership includes \$10 admin fee if NOT paid	ars old or older. rear. 1 before January 31st.
 \$60 - Renewal Membership for CURRENT ASSOCIATE \$70 - Renewal for Inactive and 1st time Associate Mem \$300 - Governor's Club Associate Membership - 5 yet 	nbership includes \$10 admin fee if NOT pa	aid before January 31
TOTAL Amount: \$ Is this a gift? _		
PAYMENT TYPE: Check #(Made on US Bank - Make payabl Money Order #(Make payable to Pan Master Card / Visa Credit Card: (Subject to Processing Fee.)	ama Canal Society, Inc.)	Exp:

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