



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 Code

PHONE: (____) - _____ **EMAIL:** _____

SPOUSE NAME: _____
Last and/or Maiden Name First Name M.I.

PHONE: (____) _____ **EMAIL:** _____

WOULD YOU CONSIDER BECOMING 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 Government Agencies
☐ Attend(ed) private/public school in CZ/Former CZ:

School: _____ Year _____

SPOUSE: (Select and complete all that apply)

- ☐ Descendent/Dependent of: _____
☐ CZ Employee - Retired Date: _____
☐ US Military Service: _____
☐ US Government Employee: _____
☐ Contractor supporting US Government Agencies
☐ Attend(ed) private/public school in CZ/Former CZ:

School: _____ Year _____

ASSOCIATE MEMBER: 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?** _____

PAYMENT TYPE:

Check # _____ (Made on US Bank - Make payable to Panama Canal Society, Inc.)

Money Order # _____ (Make payable to Panama Canal Society, Inc.)

Master Card / Visa Credit Card: _____ CVV# _____ Exp: _____
(Subject to Processing Fee.)

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