

Palatines to America

Printable New Membership or Gift Membership Form from Website

Membership Application (Membership year runs from 1 October to 30 September)

Name (1): \_\_\_\_\_
For Family Membership, the second name must be listed.

Name (2): \_\_\_\_\_

For Gift Membership, please give us your name, address and phone number at the bottom of this form.

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Country/Region: \_\_\_\_\_

Postal — ZIP Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
Note: Please use 9-digit ZIP code for U.S. addresses. Area Code

E-mail: \_\_\_\_\_

Chapter: (Standard Membership includes Membership in the Chapter or you may choose None)
Choose below by Checking Appropriate Box:

Colorado [ ] Illinois [ ] Indiana [ ] New York [ ] Ohio [ ] Pennsylvania [ ] West Virginia [ ] None [ ]

Dues:

Basic Dues (includes membership in one chapter selected above)

Individual [ ] \$35 = \$ \_\_\_\_\_

Family (2 people at the same address) [ ] \$40 = \$ \_\_\_\_\_

Life Membership [ ] \$875 = \$ \_\_\_\_\_

Additional Chapter(s)

Check Additional Chapter Memberships (Do not check the same chapter as selected above):

Colorado [ ] Illinois [ ] Indiana [ ] New York [ ] Ohio [ ] Pennsylvania [ ] West Virginia [ ]

ADD

Number of additional chapters checked: U.S. Member \_\_\_\_ x \$8 = \$ \_\_\_\_\_
Canada/Mexico \_\_\_\_ x \$9 = \$ \_\_\_\_\_
Other Countries \_\_\_\_ x \$13 = \$ \_\_\_\_\_

ADD - Printed Copy of the Patter: (new for 2009)

View Patter newsletter at www.palam.org Members section for free, or
Request printed copy of the Patter newsletter [ ] \$5 = \$ \_\_\_\_\_

ADD

International Members: Please add for extra postage costs
Canada/Mexico: [ ] \$8 = \$ \_\_\_\_\_
Other Countries: [ ] \$15 = \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Please print and fill out this form. Send with check or money order in US Dollars to:
Palatines to America, PO Box 141260, Columbus, OH 43214

For information you may email Palatines to America at info@palam.org

Gift Memberships: Required information:
Gift membership from (Your name): \_\_\_\_\_
Your Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone number \_\_\_\_\_ Email \_\_\_\_\_
Do you want a gift notification sent to the recipient? Yes \_\_\_\_\_ No \_\_\_\_\_