

REFERRED BY	
DISTRICT #	



OFFICE USE ONLY	
DONE	
PICK UP OR MAIL	
DATABASE	
E-MAIL	

PAVA Membership Form

Check below

- New
- Renew: _____
- Address Change
- Information Change

****Please print all information LEGIBLY in BLACK or BLUE INK.**

I agree with the purpose of the Pacific American Volunteer Association.

Name:		ID # 001-01-	
First	M.I		Last
Date of Birth:			
MM/DD/YYYY			
Address:			
City:		Zip Code:	
Telephone:		Cell Phone:	
E-mail:			
No e-mail, write 'Not Applicable!' *** Applicant without an email will not receive event reminders. Please visit www.pavausa.com for events.			
Fee: \$100 Annual Membership	<input type="checkbox"/> Cash: \$		Student Name
	<input type="checkbox"/> Check # /\$		

Therefore, I apply for the membership of the Pacific American Volunteer Association.

Signature: _____ Date: _____

THANK YOU FOR BEAUTIFYING THE EARTH THROUGH PAVA- YOUR EFFORTS ARE TRULY APPRECIATED!

Please return this form via mail or fax to:
 Pacific American Volunteer Association (PAVA)
 680 Wilshire Place, Suite 301, Los Angeles, CA 90005
 Phone: (213) 252-8290, 8246 Fax: (213) 252-0192