

REFERRED BY	
DISTRICT #	



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

PAVA College 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 # 001-02-
<small>First</small>	<small>M.I</small>	<small>Last</small>
Date of Birth:	School:	Grade (Year):
<small>MM/DD/YYYY</small>	<small>Full School Name, include College or University</small>	<small>Fr., Soph., Jr., Sr.</small>
Address:		
City:		Zip Code:
Telephone:	Cell Phone:	
E-mail:		
<small>No e-mail, write 'Not Applicable!' *** Applicant without an email will not receive event reminders. Please visit www.pavausa.com for events.</small>		
Fee: \$50 (Annual Membership)	<input type="checkbox"/> Cash: \$	Parent 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) 252-0200, 8246 Fax: (213) 252-0192