

REFERRED BY	
DISTRICT #	



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

PAVA Life Membership Form

Check below

- 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 # 001-03-
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: \$500 Membership <input type="checkbox"/> Cash: \$ <input type="checkbox"/> Check # /\$	Student Name	

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