

NEW MEMBER APPLICATION FORM

JULY 1, 2025 THROUGH JUNE 30, 2026

						•	
Mr.	Mrs.	Miss	Ms.	Dr.		DATE:	
NAME:							
	Last				First		MI
STREET ADDRESS:							
	•						
Ci	ity					State	Zip Code
	•	_	EMA	ALL ADDRESS:		@	•
	<u> </u>				-		
DATE FIRST EMPLOYED AT PC: DATE RETIRED FROM PC:							
DATE FIRST LIVIPLOTED AT FC DATE RETIRED FROM FC							
DEPART / OFFICE AND POSITION AT TIMEOF RETIREMENT:							
SPOUSE /PARTNER NAME:							
Please check any items below that you <u>Do Not</u> want published in the							
PACRA Membership Directory:							
	Postal Ad	dress	Te	elephone Num	ber	Email addre	ess
DUES STRUCTURE:Dues and contributions are tax deductible.							
ANIMITAL DIECCMEMBED Et aut Manada E and D							
ANNUAL DUES(MEMBER First-Year is Free!)							
	-\$25	(Mem	ber)	\$25 (Spo	use)	=\$	
SCHOLARSHIP DONATION (Optional) = \$							

*For more accurate accounting, please writetwo separate checks payable

†Palomar College Foundation – PACRA

Mail to:

TOM HUMPHREY, TREASURER—PACRA | 1914 ESPLENDIDO AVE | VISTA, CA 92084

Sincere thanks, Becky McCluskey, President, PACR22023)