



**Pennsylvania Association  
of Senior Centers**  
www.paseniorcenters.org

EXECUTIVE BOARD/2010-2011  
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### Membership Application:

Date: \_\_\_\_\_

**Yes, I want to join PASC! I am:**

\_\_\_\_\_ Renewing Membership (\$30)    \_\_\_\_\_ New Member (\$30)

### Member Information:

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

### Organization Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I am interested in serving on a PASC Committee:

\_\_\_\_\_ Membership    \_\_\_\_\_ Public Relations    \_\_\_\_\_ Legislative    \_\_\_\_\_ Training & Development

Makes Checks Payable to: **PASC**

Mail completed membership form and payment to:

PASC c/o Melissa Weigle

Mohler Senior Center

25 Hope Drive

Hershey, PA 17033