

# Membership Application



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Fax \_\_\_\_\_ Primary Email \_\_\_\_\_

Secondary Email \_\_\_\_\_

## Membership Levels

- Member — \$20 (*or as much as you can afford*)
- Donation \_\_\_\_\_
- Corporate — \$250

### Consumer-Run Organizations (as determined by their budgets):

- \$30 – Under \$25,000 per year
- \$50 – \$25,000 - \$49,999 per year
- \$75 – \$50,000 – \$100,000 per year
- \$100 – Over \$100,000 per year

Donations in excess of the \$0-20.00 membership fee are tax-deductible. PMHCA confirms that no goods or services were provided to you in exchange for this contribution.

## Payment Options

- Check (*made payable to PMHCA*)
- Visa
- MasterCard
- Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card (*print*) \_\_\_\_\_

Signature \_\_\_\_\_

- I would like to receive a PDF copy of the Vision newsletter via email instead of USPS mail.