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| **PORA NEW MEMBER / RENEWAL / CHANGE FORM** | | | | | | | | | | | | | | | | | | | |
| (*Please Print)* | | | | | | | | | | | | |  |  | ***For Office Use Only*** | | | | |
| Name(s): | | |  | | | | | | | | | |  |
|  | | |  | | | | | | | | | |  |
| Address: | | |  | | | | | | | | | |  |
|  | | |  | | | | | | | | | |  | Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | |  | | | | | | | | | |  | Cash | | | | |
| Phone #: | | |  | | | | | | | | | |  | Credit Card | | | | |
| Email: | | |  | | | | | | | | | |  |  | | | | |
|  | | | ***Sign up for E-News*** | | | | | | | | | | New Member | | | | |
|  | | | ***Verify Email Verify Phone #*** | | | | | | | | | | Renewal | | | | |
|  |
| Name on Credit Card: | | | | | | |  | | | | | |  | Change | | | | |
|  |
| Credit Card #: | | | | - | | | | - | | - | |  |  |  | | | | |
| Expiration Date: | | | | |  | | | | Security Code: | |  | |  | ***PAYMENT*** | | | | |
|  |  | | | | | | | | | | | |  | *401-8* | *Membership* | | *$* | |
| ***\*\*\* Confirm Credit Card Information \*\*\**** | | | | | | | | | | | | |  | *411-8* | *Associate* | | *$* | |
|  | |  | | | | | | | | | | |  | *420-8* | *Donation* | | *$* | |
| Address for Billing: | | | | | |  | | | | | | |  |  | ***TOTAL*** | | | *$* | |
| (If Different) | | | | | |  | | | | | | |  |  | | | | |
| *11/3/18 RC* | | | | | | | | | | | | |  |  | Initial |  | Date | |  |
|  | | | | | | | | | | | | |  |  |  | | | | |

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| **PORA NEW MEMBER / RENEWAL / CHANGE FORM** | | | | | | | | | | | | | | | | | | | |
| (*Please Print)* | | | | | | | | | | | | |  |  | ***For Office Use Only*** | | | | |
| Name(s): | | |  | | | | | | | | | |  |
|  | | |  | | | | | | | | | |  |
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|  | | |  | | | | | | | | | |  | Cash | | | | |
| Phone #: | | |  | | | | | | | | | |  | Credit Card | | | | |
| Email: | | |  | | | | | | | | | |  |  | | | | |
|  | | | ***Please sign up for E-News*** | | | | | | | | | | New Member | | | | |
|  | | | ***Verify Email Verify Phone #*** | | | | | | | | | | Renewal | | | | |
|  |
| Name on Credit Card: | | | | | | |  | | | | | |  | Change | | | | |
|  |
| Credit Card #: | | | | - | | | | - | | - | |  |  |  | | | | |
| Expiration Date: | | | | |  | | | | Security Code: | |  | |  | ***PAYMENT*** | | | | |
|  |  | | | | | | | | | | | |  | *401-8* | *Membership* | | *$* | |
| ***\*\*\* Confirm Credit Card Information \*\*\**** | | | | | | | | | | | | |  | *411-8* | *Associate* | | *$* | |
|  | |  | | | | | | | | | | |  | *420-8* | *Donation* | | *$* | |
| Address for Billing: | | | | | |  | | | | | | |  |  | ***TOTAL*** | | | *$* | |
| (If Different) | | | | | |  | | | | | | |  |  | | | | |
| *11/3/18 RC* | | | | | | | | | | | | |  |  | Initial |  | Date | |  |
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