

2018 MEMBERSHIP APPLICATION
APPLICANT INFORMATION

Name:		
Current address:		
City:	State:	ZIP Code:
Phone:	Member #:	Member Type:
Email Address:		

MEMBERSHIP TYPE

Single	\$15.00
Couple (2 person living at same address)	\$25.00
Family (Up to 5 persons living at same address)	\$50.00
Organization (Up to 8 persons per event)	\$100.00

ADDITIONAL MEMBER NAMES

Member 2:	Member 4:
Member 3:	Member 5:

EVENTS AND INTERESTS

*Please let us know if you wish to see different events during the year.
Include any hobbies or interests you may have*

WE ACCEPT CASH, CHECK OR CREDIT CARD PAYMENTS (INDIVIDUAL IS RESPONSIBLE FOR INSUFICIENT FUNDS CHARGES)

Credit Card #:	
Name on Card:	Billing Zip Code:
Expiration Date: (MM/YY):	CSC/CVC/CID:

SIGNATURES

By signing this form, you certify that you are the owner of the above referenced card and that you are authorizing PCIL to charge your card membership dues plus a \$1.50 handling fee.

Signature of applicant:	Date:
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RETURN FORM WITH YOUR PAYMENT TO:

PROGRESSIVE CENTER - 3525 QUAKERBRIDGE RD, SUITE 904, HAMILTON, NJ 08619

YOUR MEMBERSHIP WILL EXPIRE 12/31/2018