

Palatines to America

Printable New Membership or Gift Membership Form from Website

Membership Application (Membership year is 1 October through 30 September)

Name (1): _____
For Family Membership, the second name must be listed.

Name (2): _____

For Gift Membership, please give us your name, address and phone number at the bottom of this form.

Address: _____

City/State: _____

Country/Region: _____

Postal – ZIP Code: _____ **Phone:** (____) _____ - _____
Note: Please use 9-digit ZIP code for U.S. addresses. Area Code

E-mail: _____

Chapter: (Standard Membership includes Membership in the Chapter or you may choose None)
Choose below by Checking Appropriate Box:
Colorado Illinois Indiana New York Ohio Pennsylvania West Virginia None

Dues:
Basic Dues (includes membership in one chapter selected above)
Individual \$35 = \$ _____
Family (2 people at the same address) \$40 = \$ _____
Life Membership \$875 = \$ _____

Additional Chapter(s)
Check Additional Chapter Memberships (Do not check the same chapter as selected above):
Colorado Illinois Indiana New York Ohio Pennsylvania West Virginia

ADD
Number of additional chapters checked: U.S. Member _____ x \$7 = \$ _____
Canada/Mexico _____ x \$8 = \$ _____
Other Countries _____ x \$12 = \$ _____

ADD
International Members: Please add for extra postage costs
Canada/Mexico: \$8 = \$ _____
Other Countries: \$15 = \$ _____

TOTAL \$ _____

Please print and fill out this form. Send with check or money order in US Dollars to:
Palatines to America, 611 East Weber Road, Columbus, OH 43211-1097

For information you may email Palatines to America at info@palam.org

Gift Memberships: Required information:
Gift membership from (Your name) : _____
Your Address : _____ **City** _____ **State** _____ **Zip** _____
Phone number _____ **Email** _____

Do you want a gift notification sent to the recipient ? Yes _____ No _____