

2024 PCIL MEMBERSHIP APPLICATION

APPLICANT INFORMATION-*PLEASE PRINT CLEARLY*

Name		Member ID	
Address			
City	State	ZIP Code	
Phone	Email		
How did you hear about us?		Staff referral	

MEMBERSHIP TYPE

<input checked="" type="checkbox"/>	Single	\$15.00
	Couple (2 persons living at same address)	\$25.00
	Family (Up to 5 persons living at same address)	\$50.00
	Organization (Up to 8 persons per event) use back for more names	\$100.00

ADDITIONAL MEMBER NAMES

Member 2		Member 4	
Member 3		Member 5	

EVENTS AND INTERESTS (CHECK THE ONES YOU LIKE)

<input type="checkbox"/> Reading books or magazines <input type="checkbox"/> Movies and music <input type="checkbox"/> Playing a musical instrument <input type="checkbox"/> Watching a sporting event <input type="checkbox"/> Playing sports <input type="checkbox"/> Playing video games <input type="checkbox"/> Drawing or painting <input type="checkbox"/> Sculpting <input type="checkbox"/> Making jewelry or crafts <input type="checkbox"/> Sewing, knitting, crochet	<input type="checkbox"/> Food/Beverage tasting <input type="checkbox"/> Cooking and Baking <input type="checkbox"/> Writing poetry <input type="checkbox"/> Watching TV <input type="checkbox"/> Board games <input type="checkbox"/> Playing card <input type="checkbox"/> Racing <input type="checkbox"/> Travel <input type="checkbox"/> Dining Out <input type="checkbox"/> Art Museums	<input type="checkbox"/> Theater Art & Drama <input type="checkbox"/> Outdoor recreation <input type="checkbox"/> History <input type="checkbox"/> Photography <input type="checkbox"/> Exercise <input type="checkbox"/> Fishing <input type="checkbox"/> Gardening <input type="checkbox"/> Animal care <input type="checkbox"/> Boating <input type="checkbox"/> Socializing
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OTHER

WE ACCEPT CASH, CHECK, MONEY ORDER OR CREDIT CARD

Name on Card						
Card #		Type	VISA	MC	Discover	Am Ex
Billing Zip		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 4 % handling fee.**

Signature of applicant	Date
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RETURN FORM WITH YOUR PAYMENT TO

PROGRESSIVE CENTER - 3635 QUAKERBRIDGE RD, SUITE 40, HAMILTON, NJ 08619