



MEMBERSHIP APPLICATION/RENEWAL 2024

Annual Membership: \$25.00 Per Person

Name (1): _____

Telephone (1): _____ Is this a cell number? ___Yes ___No

Email: _____ *Birthday xx/xx: _____

Address: _____

Name (2): _____

Telephone (2): _____ Is this a cell number ___Yes ___No

Email: _____ *Birthday xx/xx: _____

Address: _____

**Optional- Used only for our birthday directory*

Include my name, address, e-mail, and phone # in the directory: Yes_____ No_____

I / we can host an activity for _____ people.

You MAY / MAY NOT (circle one) use my image in any PTCC publications from photos taken at group events.

Please return this form with a check made payable to **PTCC**:

Mail to: Jim Whipple
3463 State Street, PMB 252
Santa Barbara, CA 93105-2662