

2010 PACRS Membership Form



Name _____ New _____ Renewal _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Membership Level (Check One)

- Individual (\$25.00)
- Organization (\$50.00)

Detach Form and Submit (with check) to:

PACRS
P.O. Box 8
Arkdale, WI 54613