



**PENNSYLVANIA ASSOCIATION FOR COLLEGE ADMISSION COUNSELING  
INDIVIDUAL MEMBERSHIP APPLICATION  
2011 - 2012**

Your membership will be active for the year September 1, 2011 - August 31, 2012.  
Membership is not active until payment is received.

First Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Last Name: \_\_\_\_\_ City: \_\_\_\_\_  
Title: \_\_\_\_\_ State: \_\_\_\_\_  
(Do Not Abbreviate)  
Institution: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
FAX: \_\_\_\_\_ Web Page: \_\_\_\_\_

Membership Type: \_\_\_\_\_ **In State/Voting \$25** \_\_\_\_\_ **Out of State/ \$40**  
(Please Check) **(Same Price for Non-Voting**  
**High School or High School or**  
**College) College)**

Institution Type: \_\_\_\_\_ **4 Year Public College**  
(Please Check) \_\_\_\_\_ **4 Year private College**  
\_\_\_\_\_ **2 Year College**  
\_\_\_\_\_ **Public High School**  
\_\_\_\_\_ **Private High School**

Check if credit card billing address is the same as address listed above. \_\_\_\_\_ **Address:**  
\_\_\_\_\_  
\_\_\_\_\_

If not, enter address to the right:

**PAYMENT INFORMATION:**  
Make checks payable to PACAC  
(Federal Identification # 25-1494230)  
Or pay by credit card and return to:  
  
PACAC  
Andrea Hoffman, Executive Assistant  
PO Box 859 / Enola, PA 17025  
info@pacac.org / www.pacac.org  
Phone 570.472.2710 / fax 800.603.8870

**CREDIT CARD INFORMATION**  
**Amount Due:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Credit Card #:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_