



Membership Application

Membership Type: Individual Pagan Business Pagan Friendly Business

Company Name: _____

Nickname: _____

Prefix (please circle): Mr. Mrs. Ms. Rev. Other _____

First Name: _____

Last Name: _____

Suffix (please circle): Jr. Sr. M.D. R.N. Esq. Other _____

Address: _____

City : _____

State : _____

Zip : _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Fax: _____

Primary Email: _____

Second Email: _____

PUC Membership Type (please circle): Regular \$15.00 Sponsorship \$20.00

Money Received by: _____ **Date:** _____