

Santa Barbara Peace Corps Association MEMBERSHIP APPLICATION

Please return completed application with payment (if applicable) to:

EMAIL: membership@sbpca.org

<u>IN PERSON</u>: At an SBPCA event (see www.sbpca.org) <u>MAIL</u>: SBPCA, PO Box 91406, Santa Barbara, CA 93190

Basic Contact Information

Name:	Today's Date:
Spouse's Name:	Is spouse an RPCV? O Yes* O No (* If yes, have him/her fill out separate application)
Mailing Address:	
City:	State: Zip:
Phone 1: ()	This is my: O Cell O Home O Work
Phone 2: ()	This is my: O Cell O Home O Work
Email:	Current Profession:
Peace Corps Assignment Information:	
1st Country of Service:	
Start of Service (Mo/Yr):	Close of Service (Mo/Yr):
Type of Work/Project:	
O Volunteer O Staff O Trainer O Cris	is Corps/PC Response O Other:
2 nd Country of Service:	
Start of Service (Mo/Yr):	Close of Service (Mo/Year):
Type of Work/Project:	
O Volunteer O Staff O Trainer O Cris	is Corps/PC Response O Other:
Extra SBPCA Involvement:	
I am interested in participating in SBPCA in the following	owing way(s) (check all that apply):
O Hosting an event O Participa	presentation about my Peace Corps experience or county ting in local volunteer activities
Membership Type:	
Current Invitees, PCVs, or Recently Returned RPCVs	All Others
O FREE while invitee, during service, & for 1 year f	rom COS date: (Mo/Yr): O \$20 per year
Payment Info: Amount: \$ O Chec	k (check date:) O Cash
Membership dues are NOT tax-deductible	