



MEMBERSHIP APPLICATION FORM

Print and send (with payment information) to address below or pay online through PayPal at <http://wacinlandsoocal.org>

WAC Inland SoCal
11161 Anderson Street
Suite 105 - PMB 10009
Loma Linda, CA 92354

FAX: (909) 558-0263

Name(s) _____

Company/Organization _____

Daytime Phone or Cell () _____ Email _____ Fax () _____

Address _____ City _____ State _____ Zip _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

SELECT MEMBERSHIP TYPE

Membership Type	Cost	Membership Type	Cost
Student Member <ul style="list-style-type: none"> • Individual (requires valid student ID) 	\$20	Supporting Member <ul style="list-style-type: none"> • Individual • Couple 	\$100 \$150
Regular Member <ul style="list-style-type: none"> • Individual • Couple 	\$50 \$75	Consul Level Member <ul style="list-style-type: none"> • Individual • Couple 	\$250 \$375

PAYMENT OPTIONS

- I have enclosed a check in the amount of \$ _____
- OR
- Charge the total \$ _____ to my (please check one): VISA MASTERCARD AMEX
- Card # _____ Expiration Date ____/____ 3 or 4 digit code _____

Signature: _____

Please note: Billing Address, phone number, and signature must be filled in if using a credit card.

For more information, you can call (909) 558-4420 or email us at waciscmembership@gmail.com