



MEMBERSHIP APPLICATION FORM

Download, print and send (with payment information) this form to the address below or pay online through PayPal at <http://wacinlandsocal.org>

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

FAX: (909) 558-0263

Name(s) _____

Company/Organization (if applicable) _____

Phone or Cell () _____ Personal 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		Supporting Member	
<ul style="list-style-type: none"> • Individual (requires copy of valid student ID) 	\$20	<ul style="list-style-type: none"> • Individual • Couple 	\$100 \$150
Regular Member		Consul Level Member	
<ul style="list-style-type: none"> • Individual • Couple 	\$50 \$75	<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, call (909) 558-7446 or email us at waciscmembership@gmail.com

