



PASMA Membership Application South Chapter

New Membership

Renewal Check here if you changed your agency, address or phone.

Name: _____

Title: _____

Agency/Organization: _____

Department/Division/District: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

How did you learn about PASMA? _____

Regular Membership \$75 Employees of public agencies.
Past members/Retired professionals who represented a
public agency and who continue in Safety/Risk Management

Group Discount \$300 Includes five (5) Regular Memberships from the same
public agency. Additional members from the same public
agency are \$50 each. You are required to complete one (1)
membership application per individual and check the
“group discount” box on all applications.

Affiliate Membership \$300 Vendors and non-public agencies

Networking Designation

• Contact information may be shared with regular members.
Yes No

• Contact information may be shared with affiliate members.
Yes No

Make checks payable to PASMA.
Mail this application(s), along with your check to:
PASMA, Post Office Box 1771, Orange, CA 92856

Credit card payments are only accepted in person. Visit the website for the
meeting schedule and information: www.pasmaonline.org

Please direct membership questions to info@asmaonline.org

NOTE: All Memberships are effective January 1 to December 31.

PASMA OFFICE USE ONLY

Amount Paid: _____ Date Paid: _____ Payment Type: Cash
Received By: _____ Date Logged: _____ Credit Card Check No.: _____