



2020 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 26347, Santa Ana, CA 92799**

**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.: _____