



2023 PASMA Membership Application

☐ New Membership

☐ Renewal

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

NEW! Select the Chapter you are joining: South Chapter North Chapter

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**

☐ Check here to pay by credit card. Email completed form to info@pasmaonline.org. You will be emailed an invoice
with credit card payment instruction. Your membership will be active once the credit card payment is processed.

Visit the website for the meeting schedule and information: www.pasmaonline.org

Please direct membership questions to info@pasmaonline.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.: _____