



## 2024 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      \$100      Employees of public agencies.  
Past members/Retired professionals who represented a public agency and who continue in Safety/Risk Management

Group Discount      \$400      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      \$315      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](mailto: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.

Check here to pay by Zelle. Zelle payments can be sent to [info@pasmaonline.org](mailto:info@pasmaonline.org). Your membership will be active once the payment is made.

Visit the website for the meeting schedule and information: [www.pasmaonline.org](http://www.pasmaonline.org)

Please direct membership questions to [info@pasmaonline.org](mailto: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.: \_\_\_\_\_