



2026 PASMA Membership Application

New Membership

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

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. 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.: _____