

**Online Membership Form at
<https://tinyurl.com/member-pcc>**



MEMBERSHIP APPLICATION

June 1 to May 31 each year
\$75.00 USD

Salutation (Dr./Ms./Mrs./Ms./etc.): _____

First Name: _____

Middle Name (optional): _____


Last Name: _____

Organization: _____

Email Address: _____

Payment is accepted as cash, check, purchase order, or credit/debit card.

- Submit cash in person.
- Make check payable to Pacific Circle Consortium.
- Send a purchase order or check to
Pacific Circle Consortium
c/o University of Hawai'i
1776 University Avenue, CM 130
Honolulu, HI 96822 USA
- Fax or mail your credit card information. Please fax to 1-808-956-0814 or mail to the address above. Please note that an additional processing fee of \$4.00 USD will be applied.

PCC accepts      

Credit/Debit Card Number: _____

Expiration Date: _____

CVV/Security Code: _____

Postal or Zip Code: _____

• • • **Pacific Circle Consortium** • • •

c/o University of Hawaii 1776 University Avenue, CM 132 Honolulu, HI 96822 USA

Email: info@pacificcircleconsortium.org • Telephone: 1-808-956-6507 • Web site: <http://www.pacificcircleconsortium.org/>