



Membership Application

Please Check (✓)

New Member Renewal

If you want to become a PCC member or renew the membership, fill out this form completely.

Member Information

Name / Initials / Last Name

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Position or Title

Industry Type

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Phone / Ext.

Fax

Mobile

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E-Mail Address

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Company Information

Full Company Name

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Company Postal Address (PO Box, Suite, City, State and Zip Code + 4)

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Company Physical Address (Building, # and Street Name, City, State and Zip Code +4)

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Company Phone

Company Fax

Company Website

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Payment Instructions:

- Pay by check payable to *Postal Customer Council*
 - One Member @ \$50.00
 - Three Members @ \$100.00
 - More than three, each additional member @ \$25.00
- Complete this form and attach check.
- One form is required for each member per company.
- Mail form and payment to: POSTAL CUSTOMER COUNCIL
PO BOX 363572
SAN JUAN PR 00936-3572