



Membership Application

Thank you for applying for membership in Pacific Partnerships. We believe you will experience great satisfaction and pride in participating in the future development our community.

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Occupation: _____ Business: _____

Member Type: Voting Member \$12 Annual Dues Volunteer No Dues

Personal Skills:

Resources Available to You: (Vehicles, Tools, Heavy Equipment and Services)

Approved: _____ Date: _____