

			Check one:	Renewal □	New □
Address:					
Phone:		Birthday: Month		Day	
E-mail Address:					
Membership Payment Methods:					
Cash:		(do not mail)			
Check #:		_			
Zelle®:		send to <i>treasurer@</i> /	pacificcoastartis	sts.com	
Emergency Contact (optional):					
Name:		Phone:			
May we print your information in	our Member	rship Directory?□	Yes □ N	0	
Are you a decorative painting teacher? ☐ Yes ☐ No					
Do you own a painting-related business? ☐ Yes No					
If you answered yes above, please provide your business information below.					
Business Name:					
Business Address:					
Business Phone:					
**********	++++	******	****	*****	***
Please send a check payable to "PCA" in the amount of \$20.00. Mail application and check to: Jennie Pascual					
man application and check to.	3 rd VP Mem				
		Paseo Activo			
		Sapistrano, CA 92675			

Questions? Call - (310) 962-3705 Email: pascualjd38@outlook.com