PALM BEACH COUNTY PLANNING CONGRESS, INC.
2010 MEMBERSHIP APPLICATION FORM

(Membership Year: New or Former Members - Date of Payment or Renewing Members - January 1 Through December 31, 2010)

Please use this form to join or renew your membership or submit your form electronically at http://www.pbcplanningcongress.org/application.html. Our Member Directory and Mailing List are derived from the information on this form. *Please fill out the Required Information (*) completely, even if you are a renewing member, to insure that our records are accurate and up to date.* All Paid Members receive access to our on-line Membership Directory at our Web Site (www.pbcplanningcongress.org) using an individually assigned password.

Dues are still only $40 per year for our standard membership. Full time enrolled students can join for $10 per year.[1] Dues can be paid electronically by credit/debit card, check or cash via the Pay Pal link on our website at www.pbcplanningcongress.org or mailed to the PBC Planning Congress at PO Box 1371, West Palm Beach, FL 33402.

____*NEW* Member _____ *RENEWING or FORMER* Member (Please check one)

Check to exclude this information in the Directory

*NAME_____ _____
(First) *(Middle Initial)* *(Last)*
Circle one: Mr. Mrs. Ms. Dr.

*PROFESSIONAL DESIGNATIONS *(AICP, PE, ASLA, Ph.D, PMP, Esq. etc)* _____ _____

*JOB TITLE/POSITION[2] _____ _____

*DEPARTMENT_____ _____

*AGENCY/COMPANY[2] _____ _____

*AGENCY/COMPANY ADDRESS _____ _____

*CITY_____STATE_____*ZIP_____

*MAILING ADDRESS *(if different from above)* _____

_____

*WORK PHONE (_____)_____ *WORK FAX (_____)_____ _____
CELL (_____)_____HOME PHONE (_____)_____ _____

*PRIMARY EMAIL ADDRESS (at Office) _____ _____
(*Please indicate NA if you do not have an email address at which you can receive PBCPC emails.)*

SECONDARY EMAIL ADDRESS *at which you would also like to receive emails from the PBCPC:*

_____ _____
Note: Secondary Email and Mailing Addresses will NOT be listed in the Directory Data Base (except by Special Request).

AGENCY/COMPANY WEB SITE*:* _____ _____

____*Please contact me about co-sponsoring a program during 2010.*
____*Please share any comments or 2010 program suggestions you have on the back of this form.*

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1 *Please include a copy of your **Student Identification** or other **Proof of Full-Time Enrollment** with registration form and payment. **If registering and paying online**, please **email or fax enrollment information** to Wes Blackman at wesblackman@gmail.com or **(360) 246-5113**.*

2 *If a Student, please indicate Student under Job Title/Position and University/College Name under Agency/Company.*