

AAWCC Membership Application

Yes! I want to be a member of the PCC Chapter of AAWCC

Date: _____

Name: _____ e-mail _____

College Mailing Address: _____ Ext. _____ Home # _____

Type of Membership: New _____ Renewal _____ (member since: _____)

Annual Dues are **\$15.00**

Please make check payable to: ***PCC Chapter AAWCC***

Return this application along with check to: **Cheri McLaughlin, CA SSB 109**

Questions? Email: cmclaugh@pcc.edu



PLEASE SHARE YOUR IDEAS & ENERGY!!

As a new or renewing member, we want to know what activities are important to you.

Type(s) of activities/events/workshops I would support and attend:

I would like to take the lead on the following activity/project/event: