



Membership Application

Name: _____ Title: _____

Agency: _____ Fleet Size: _____

Address (Office): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Address (Home): _____

City: _____ State: _____ Zip: _____

Sponsor: _____

Comments: _____

Please send mail to my (check one): () Home () Work address

- Membership Category (check one):
- () Retired (\$15)
 - () Regular (Fleet) (\$65)
 - () Sustaining (Vendor) - NEW (\$165)
 - () Sustaining (Vendor) - Renewal (\$100)

Print this form, complete it and mail to:
Public Fleet Supervisors Association
Attention: Membership Chair
849 East Stanley Boulevard #412
Livermore, CA 94550-4008

Do not send any money with this application.
Dues are payable upon election to membership.

Thank you for your interest in joining the Public Fleet Supervisors Association!

| For Board Use | | |
|-----------------------|----------|----------|
| <i>Board Approval</i> | | |
| 1) _____ | 2) _____ | 3) _____ |