PCT "A" Revised 04-03 **Unit #_____ Month _____ 20____** _____

Please type or Print Legibly Unit Secretary Signature

REPORT OF NEW MEMBER CODE 59)

Service Code (1)	Affiliation Code (2)	Payment (3)	Name Last (4)	Address (5)	Phone (6)	Birth Date (7)

REPORT OF REINSTATED MEMBERS (CODE 52)

Member Number (8)	Service Code (9)	Affiliation (10)	Payment (11)	Name Last (12)	First	Address (13)	Phone (14)	Birth Date (15)

REPORT OF MEMBERSHIP RENEWALS

Member Number (16)	Payment Amount (17)	Name Last (18)	First

REVISED 9/29/2020 PER NP LA FRA