

PCT "A"

Unit# _____ Month _____ 20____

Please type or Print Legibly.

Unit Secretary Signature _____

REPORT OF NEW MEMBER (CODE 59)

Serv Code (1)	Affil Code (2)	Paymnt (3)	Name Last First (4)	Email Address (5)	Address Street, City, State, Zip (6)	Phone (7)	Birthdate (8)

REPORT OF REINSTATED MEMBERS (CODE 52)

Mem ID (9)	Serv Code (10)	Affil (11)	Paymnt (12)	Last Name First (13)	Email Address (14)	Address (15)	Phone (16)	Birthdate (17)

REPORT OF MEMBERSHIP RENEWALS

Member ID (18)	Payment (19)	Last Name First (20)	Email (21)