



## Membership Application

The following form may be submitted for membership consideration.  
Membership will be effective upon receipt of payment.

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (eves) \_\_\_\_\_

Email \_\_\_\_\_

\$12 annual \_\_\_\_\_ Couples \$20 \_\_\_\_\_

Canada/Overseas \$15 \_\_\_\_\_

Your Portuguese Connection

Azores\_\_ Continent\_\_ Madeira\_\_ Other\_\_

Portuguese Family Names \_\_\_\_\_

Other features you would like to see on PHCS' website

What other interests do you have?

Please print this completed form and send it along with your membership to:

PHCS  
PO Box 161990  
Sacramento, CA 95816  
USA

Thanks for helping support PHCS!

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