

PORA MEMBERSHIP APPLICATION

Name(s):

Address:

City/State: _____

Zip Code: _____

Phone: _____

Email: _____

Resident Membership Fees:

Household: \$20 annually
Per Person: \$10 annually

Non-Resident Associate Membership Fees:

Household: \$20 annually
Per Person: \$10 annually

Payment Information

Cash ___ Check # _____ Credit Card ___

Card# _____

Exp. Date: _____ CSV code: _____

Make check payable to: PORA or call us
with your credit card information.

Mail application or drop off at:

PORA
13815 Camino del Sol
Sun City West, AZ 85375
623-584-4288

Thank you!

Your membership is valued in sustain-
ing our present self-governmental status
and for the continuation of PORA's
programs benefiting all.

NOTE: MEMBERSHIP RATES SUBJECT TO CHANGE.
REVISED: FEBRUARY 2014

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