



PCBAA Membership Application Form

Name: _____

Church Name: _____

Office Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Home Address: _____

City, State, Zip: _____

Certification (Please indicate in what year) PCAA: _____ CCA: _____

Preferred Address: Business Home

Annual Dues : \$85.00 \$ _____

Contribution to the Joyce Bauer Scholarship Fund: \$ _____

Total Payment: \$ _____

Method of Payment: Check Enclosed Credit Card

Credit Card: Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____ / _____

Signature: _____

Please mail to: PCBAA
PO Box 643745
Pittsburgh, PA 15264-3745

Call Mindi Stivers for additional information at (800) 524-2612