

P2AF INDIVIDUAL MEMBERSHIP CONTACT ENROLLMENT FORM

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ **EMAIL** _____

**CIRCLE THE LEVEL OF P2AF MEMBERSHIP: (PLEASE
CHECK BENEFITS FOR EACH LEVEL BEFORE CIRCLING)**

\$25	Administration/Faculty/Staff
\$50	Regular
\$100	White
\$250	Green
\$500	Pirate
\$1000	Emissary
\$2500	Ambassador
\$5000	President's Club

AMOUNT ENCLOSED _____

**PLEASE SEND CHECK WITH THIS FORM TO : P2AF,
P.O. BOX 753, BRIDGETON, MO 63044 or PAY WITH A
CREDIT CARD WITH PAYPAL AT WWW.P2AF.COM**

**ANY QUESTIONS EMAIL MARK BAKER AT
MBAKER9327@AOL.COM OR CALL 3149541441.**