



EMERITUS REQUEST FORM

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Emeritus is complimentary membership when the following criteria are met:

- 1. PCMA member in good standing for 15+ years? YES NO
- 2. Has attained the age of sixty-two (62) years? YES NO
- 3. Retired? YES NO

*Bylaws Excerpt:

Section 7. EMERITUS. This class of membership may be conferred, by the Board of Directors, upon the application of any Professional member or Supplier Partner member, provided that the applicant has been a member in good standing of PCMA for fifteen (15) years or more; has attained the age of sixty-two (62) years; and has retired. Emeritus members shall have all the privileges of Professional membership and Supplier Partner membership, except the right to vote or hold office.

Signature:

Date:

For Internal Use Only:

Date Received: _____

Date Approved: _____

PCMA will verify all information provided is correct. We will be in touch with you within 24 hours of receiving this request.

Membership Verified: _____

Date of Birth Verified: _____

Retirement Verified: _____

You may email this signed form to membership@pcma.org or fax it to 312-423-7202