

Membership Application 2025/2026

I	Membership Type: N	lew Member	Returning Member
Date:			
(Please print yo	ur name as you wish to be recognized	0	
Your Name:	·		
	lress:		
City:	State:	Zip:	
Home Phon	le:	Cell:	
Email:			

Please check the level of membership you choose for the 2025-2026 year:

4 MEMBERSHIP Levels:

Other Contributions to PALC:

_____ \$10 - \$500 Contributing Sponsor

_____ \$55 General membership _____ \$10 & Up Scholarship Donation

_____ \$60 Patron*

_____ \$100 Gold**

\$250 Platinum***

*Patron name listed in Directory, **Gold name listed in Directory and reserved seating, ***Platinum name listed in Directory, with reserved seating at a reserved VIP table.

PAYMENT INFORMATION: Enclosed is my Check # (_____) made payable to: **PALC**

Please Charge my:	Visa	MasterCard	_American B	Express	
Credit Card Nu	mber:			CW code	:
EXP. Date		Card Holders Signature:			
Billing Address	:		_City	State	ZIP

Please make your check payable to The Public Affairs Luncheon Club (PALC) or make your Payment via DPALC website PAYPAL @ www.DPALC.com

Payment Mailing Address: DPALC, P.O. BOX 12625, Dallas, Texas 75225

Please Contact us at Info@dpalc.com or President@dpalc.com or Tina Peterson ~ Phone (469) 544-3222

Website <u>www.DPALC.com</u>

We are a section 501(c)(3) non-profit organization.