Referred By	
District #	



Office Use Only								
Done								
Date								

PAVA World Membership Form

**Please print all information LEGIBLY in BLACK or BLUE INK.

***Photo must accompany application.

Classification (Check $$): New (), Renew (), Address Change (), Information Change ()										
Member Type (Check $$): Junior ()				, P	Parents (),	Life Time	()	
Name						Gender		Μ	F	
		(First) (Middle Initial) (Last))			(Circle)	
D.O.B				E-Mail						
		(<i>MM</i> / <i>DD</i> /	YYYY)				No e-mail, write 'N/A'			
Address										
		(Street)				(City)		(Zip	Code)	
Student On	ly	School Name				Grade				
Phone #										
Home			Cell				Work			
Fee :		\$30 Junior Annual Fee			CASH					
		\$100 Parents Annual Fee			CHECK (Bank :		CHK#:))
		\$500 Lifetime Membership			Money Orde					
Other Amount(Reason:)										

I agree with the purpose of the Pacific American Volunteer Association. Therefore, I apply for the membership of the Pacific American Volunteer Association.

Covenant not to compete or affiliate:

I hereby further acknowledge and agree not to create a same or similar non-profit 501(c)3 organization as PAVA World.

If the final judgment of a court of competent jurisdiction declares that the above Covenant Not To Compete or Affiliate is invalid or unenforceable, the parties agree that the court making the determination of invalidity or unenforceability shall have the power to reduce the scope, duration, or area of the term or provision, to delete specific words or phrases, or to replace any invalid or unenforceable term or provision with a term or provision that is valid and enforceable and that comes closest to expressing the intention of the invalid or unenforceable term or provision, and this Agreement will be enforceable as so modified after the expiration of the time within which the judgment may be appealed.

Signature :

Date :

Please return this form via mail or fax to:

PAVA World : 3470 Wilshire Blvd. Suite #525, Los Angeles, CA 90010, Phone : (213)252-8290