



P.A.C.S. REGISTRATION FORM

Name: _____

Local Address: _____

Permanent Address: _____

Phone Number: Home: _____ Cell: _____

Email: _____

Birthday: ___/___/___ Class/Year: _____ Major/Minor: _____

How did you hear about PACS?

Are you a returning member?

What are you looking forward to from PACS in the coming year?

Can you suggest any topics that interest you (events/ guest speakers/outing/ fund raisers)?

Are you interested in a more active role in the club?

