



THE PEPSI-COLA COLLECTORS CLUB

2014 MEMBERSHIP APPLICATION



Please return this completed form and required membership dues to:
PCCC Membership, c/o Diane Gabriel, 335 Mathews Way, New Castle, PA 16101
 For faster service use PayPal at www.pepsicolacollectorsclub.com - click on the "Sign up" button.

The Pepsi-Cola Collectors Club is a national organization dedicated to the study of the history and the collecting of memorabilia of the Pepsi-Cola Company. The Pepsi-Cola Collectors Club provides National and International communication among Pepsi-Cola Collectors, market for buying, trading and selling collectibles; comprehensive quarterly newsletter: "The PCCC Express"; Annual Convention "Pepsi Fest"; free advertising in The PCCC Express newsletter; Local Chapters around the country.

THE INFORMATION PROVIDED ON THIS APPLICATION IS FOR THE SOLE PURPOSE OF MAINTAINING ACCURATE AND CONFIDENTIAL MEMBERSHIP RECORDS OF THE PCCC. IT'S USE FOR ANY OTHER PURPOSE IS STRICTLY PROHIBITED. RENEWAL AND NEW MEMBERS ARE REQUIRED TO COMPLETE THIS APPLICATION / RENEWAL FORM SO THE PCCC WILL HAVE ACCURATE, UP TO DATE RECORDS OF ALL OUR MEMBERS.

PRIMARY MEMBERSHIP: \$25.00 Annual Dues

ASSOCIATE MEMBERSHIP: \$3.00 Annual Dues. Spouse or life-partner residing in your home. They will not receive additional PCCC publications. Other adult family members or friends must join as a Primary Member.

JUNIOR MEMBERSHIP: \$3.00 Annual Dues. Dependent child of the Primary Member.

INTERNATIONAL MEMBERSHIP: \$35.00 (\$US) Annual Dues for International Primary Member includes first class postage for The PCCC Express. **MUST BE PAID IN U.S. DOLLARS**

PRIMARY MEMBER *(Please Check One)* **New Member:** ___ \$25 (U.S.) /\$35 (International)

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone *(optional)*: _____ E-mail Address: _____

Birthday *(optional)*: _____ Local Chapter Affiliation *(if applicable)*: _____

Local Chapter Officer Position *(if applicable)*: _____

ASSOCIATE MEMBER *(Please Check One)* **New Associate:** ___ \$3.00

First Name: _____ Last Name: _____

Cell Phone: _____ Work Phone *(optional)*: _____

E-mail Address: _____

Birthday *(optional)*: _____ Local Chapter Affiliation *(if applicable)*: _____

Local Chapter Officer Position *(if applicable)*: _____

Couples-Anniversary Date *(optional)*: _____

JUNIOR MEMBER *(Please Check One)* **New Junior:** \$2.00 _____

First Name: _____ Last Name: _____

Cell Phone: _____ Birthday: _____

E-mail Address: _____

Local Chapter Affiliation *(if applicable)*: _____

The following information is requested to assist us in planning for club activities and promotions, this information is for club records / use only. *(Optional)*

Dependent Child(ren)

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Name: _____ Birthday: _____

The following information is requested to help the PCCC develop programs, promote interest and participation in the PCCC. Your responses are voluntary and are greatly appreciated.

What year did you begin collecting Pepsi or Pepsi related memorabilia? _____

If you don't know an exact year, estimate the number of years you have been collecting. _____

Briefly share how you got interested in collecting Pepsi memorabilia? _____

PLEASE CHECK ALL THAT APPLY regarding the types of Pepsi / Pepsi related items that you collect.

All Pepsi Items _____ All Mountain Dew Items _____ Other *(specify)* _____

Favorite Eras *(check all that apply)* Prior to 1920 _____ 1920-30 _____ 1931-40 _____ 1941-50 _____

1951-60 _____ 1961-70 _____ 1971-80 _____ 1981-90 _____

1991-2000 _____ 2001-Current _____

SELECT ALL THAT APPLY the types of memorabilia that you collect:

Anything Pepsi _____ Anything Mountain Dew _____ Anything Other *(specify)* _____

Bottles _____ Cans _____ Advertising Items _____ Cardboard _____

Paper (Ads/Info) _____ Signs _____ Trays _____ Displays _____

Sales Awards _____ Promotional Materials _____ Novelty Items _____

How did you come to join PCCC *(select one)*: Friend Invite: _____ Self Search: _____

Website: _____ Facebook: _____ Twitter: _____

Other *(please explain)*: _____

How did you come to join a local Chapter of the PCCC (if applicable): _____

Would you like to receive information from your Local Chapter (if not already a member): YES ___ NO ___

PCCC COMMUNICATION OPTIONS (please select all the ways you would like to receive information from PCCC)

PCCC Express (Postal Mail) ___ PCCC Express (Online) ___ E-mail ___ Facebook ___

Please check the appropriate boxes for which you would like information shared with members of the Pepsi-Cola Collectors Club through either a printed directory or an online directory. Your signature below authorizes the printing of the information that you have checked in any PCCC directory format as you have noted. All members who authorize permission for printing their information in all or part will receive a directory.

I authorize permission to print the following checked items: ___ I **DO NOT** want my information shared

___ Printed (paper) Directory ___ Online Directory
___ Primary Member's Name ___ Associate Member's Name ___ Junior Member's Name
___ Primary Member's Mailing Address ___ Primary Member's Phone Number
___ Primary Member's E-Mail Address ___ Primary Member's Website Address
___ List Collecting interests: _____

Primary Member: _____ Date: _____
Signature

Associate Member: _____ Date: _____
Signature (if applicable)

Junior Member: _____ Date: _____
Signature (if applicable)

I am the parent or legal guardian of the child who has signed this application for Junior membership in the PCCC. I accept full responsibility and/or liability for the acts of said stated dependant in connection with any PCCC activity and or any participation in connection with any PCCC Publication. I have provided a notarized statement certifying that responsibility.

Signature: _____ Date: _____
Primary Member's signature if application includes or is for a Junior Member.

FOR OFFICE USE ONLY

MEMBERSHIP DUES

Amount Received: \$ _____ Date Received: _____

Check #: _____ or PayPal: _____

Membership Packet Sent: _____

Chapter Information Sent: _____

ASSOCIATE MEMBERSHIP DUES

Amount Received: \$ _____ Date Received: _____

Check #: _____ or PayPal: _____

JUNIOR MEMBERSHIP DUES

Amount Received: \$ _____ Date Received: _____

Check # _____ or PayPal: _____

Parental Notarized Form: _____