

**PLUMAS-EUREKA COMMUNITY SERVICE DISTRICT
AUXILIARY MEMBERSHIP APPLICATION**

Please accept Auxiliary membership as follows:

NAME (Print)_____

BLAIRSDEN ADDRESS_____

PHONE (____)_____

MAILING ADDRESS_____

CITY/STATE/ZIP_____

ANNUAL DUES @ \$10.00/FAMILY \$_____

ADDITIONAL DEDUCTIBLE DONATION \$_____

TOTAL \$_____ Check#_____

Please make check payable to *PECSD Auxiliary* and return it with this application
to: PECAUX - P.O. BOX 894 – Blairsden, CA 96103

Thank you for your support! _____ACTIVE MEMBER _____INACTIVE MEMBER