



**YES!** PEP's classes, books, and activities make a difference in my life.  
**Here's \$50 for my annual Family Membership.**

**Names:** Yourself:

Your spouse or partner:

**Children's names and birth dates:** (mm/dd/yy) *Give last names if different from parents or if parents have different last names.*

**Address:**

**City:**

**State:**

**ZIP Code:**

**Phone:**

Home:

Work (self):

Work (spouse/partner):

**Email:**

Self:

Spouse/partner:

May we call you about volunteering in PEP activities?  Yes  No      Areas of interest:

Would you care to make an additional contribution to support PEP?:      Amount enclosed: \$

Check enclosed

Charge: Mastercard / Visa / Discover #:

exp: \_\_\_/\_\_\_      Total \$ \_\_\_\_\_

**Instructions:**

1. Fill out this form online.
2. If paying by check, print the completed form and mail it with your check (payable to PEP) to the address below.
3. If paying by credit card, you may:
  - a. **Email** your completed form by saving a copy of the form with your last name in the filename.  
Then email the saved PDF as an attachment to [PEPOffice@aol.com](mailto:PEPOffice@aol.com)
  - b. **Print** the form and fax it to PEP at 301-929-8834
  - c. **Print** the form and mail it to PEP.

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