



PCC Membership Application

Congratulations on your decision to become a new member of the Postal Customer Council (PCC)! By joining, you will have the opportunity to meet other business mailers, network, and learn about Postal Service products and services to help your business grow. Through your membership you will also become acquainted with your local Postal Service personnel who can address your mailing and shipping needs.

Please take a moment to complete the information below in its entirety. This form will enable us to connect you with the nearest PCC in your local area.

Please check all appropriate boxes below:

- New Member**
 Industry Member
 Postal Member

Please complete all applicable fields below:

First Name	
Last Name	
Title	
Email Address	
Company Name	
Primary Street Address	
Secondary Street Address	
City	
State	
Zip + 4	
Phone Number <i>(please indicate whether work or mobile phone)</i>	

Select Industry Type:

<input type="checkbox"/> Mailer	<input type="checkbox"/> Mail Service Provider	<input type="checkbox"/> Printer
<input type="checkbox"/> Other <i>(Please Specify):</i>		

Thank you again for becoming a new member of the PCC!

Signature: _____

Date: _____

PCC Use Only:

Local PCC Assigned	
Local PCC Contact Assigned	