

P A C A



PICTURE ARCHIVE COUNCIL *of* AMERICA

**PACA APPLICATION FOR
INTERNATIONAL MEMBERS**

Please complete this form in its entirety. **Please type or print all entries:**

Contact Name _____

Business Name _____

Place of business/address _____

Business Products/Services offered _____

Date Business Started _____

Number of Employees _____

Mail Address (if other than above) _____

Phone _____ FAX _____

Email address: _____

Web site: _____

Federal Business ID No. (or Social Security No.) _____

Markets (Countries) in which you license images:

Image Collections Represented: _____

**PACA International Dues Payment
Application for International Membership
Fee for International Membership is \$500.00-USD**

Following are the various methods of payment that can be used to pay your dues:

Method of Payment:

Credit Card:

Visa MasterCard American Express

Card #: _____ Exp. Date: _____

Name on Card: _____

Security Code# _____

Check:

Enclosed with form

In mail Amount of Check: _____ Check #: _____

Bank Wire Information:

Account Name: Picture Archive Council of America (PACA)

Bank Name: Wells Fargo Bank

Account Number: 6451816356

Routing Number: 125008547

SWIFT Number: WFBIUS6S

Please send check to the following address. Thank you!

Cathy Aron, Executive Director
PACA Office
24036 Avenida de la Carlota, Suite 600
Laguna Hills, Ca 92653
P: 949.282.5065
F: 949.282.5066

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