



PASADENA
SHOWCASE
H O U S E
for the Arts

Application for Membership

The completed application, a check for \$150.00 made payable to PSHA (for Provisional dues) and two letters of reference must be mailed prior to August 31, 2021 to:

Pasadena Showcase House for the Arts
Attn: Lydia Rubin, Membership Chair
Post Office Box 93486
Pasadena, CA 91109

Please print

Name _____
Last Name First Name Middle Name or Initial if used

Address _____
Street Number Street Name City State Zip Code

Telephone Number(s) _____
Home Cell Work

Email _____

Social Title _____
(Example: Mr. and Mrs. Tom King or Ms. Kara Dalton)

Month/Day of Birth _____

How did you learn about PSHA? _____

Why are you interested in becoming a member of PSHA? _____

What have you found to be the most rewarding and/or challenging aspects of your previous community service experiences or work experiences? (professional, civic,

service, political & community organizations) _____

What are your personal areas of interest and hobbies? _____

Please list two references either from other community service organizations, an employer, a PSHA member or other source. Letters of reference are a required component of your application. References may be contacted to verify and/or expand upon the written information provided. Please grant permission to each reference to discuss your application with a PSHA representative.

First Reference

Name _____ Name of Organization _____

Relationship to Reference _____

Address _____
Street Number Street Name Apt or Suite # City State Zip Code

Telephone Number _____ Email _____

Second Reference

Name _____ Name of Organization _____

Relationship to Reference _____

Address _____
Street Number Street Name Apt or Suite # City State Zip Code

Telephone Number _____ Email _____

Please list your community service experience (professional, civic, service, political & community organizations) (Please attach an additional page if more space is needed.)

Name of Organization

Years of Participation

Positions Held

Please list your employment history (Please attach an additional page if more space is needed.)

Name of Employer

Years of Service

Positions Held

_____ I have been convicted of a felony. Charge _____ Date _____

_____ I understand that PSHA may conduct a background check on any applicant.

I hereby consent to have my name submitted for review for membership. I have read the criteria and requirements for membership. I understand that my references may be contacted and information about me solicited.

Candidate's Signature

Date