



**PCA Header**

1. We acknowledge that, in the event we no longer meet the criteria set forth in Section II above, we will no longer be considered Domestic Partners, and the Partner will no longer be eligible for a PCA Spouse Card.
2. The Member agrees to notify the PCA Business Office if there is any change in our status as Domestic Partners, as attested in this Affidavit, which would change the Partner's eligibility for a PCA Spouse Card. For example, in the event that we cease to reside together, or if we are no longer each other's Domestic Partner, the Member will notify, in writing, the PCA Business Office within thirty (30) days of such change.
3. After such change in status the Member understands that a subsequent Affidavit of Domestic Partnership cannot be filed until twelve (12) months after notifying the PCA Business Office in writing of the change in status.

**IV. Acknowledgements**

1. We certify that the information we have provided on this form is true and correct. We understand that any statements on this form which are known to be false or any material omissions by either of us may be cause for Member sanctions, including but not limited to, loss of PCA Membership.
2. We agree that the Member will be responsible for all charges and costs incurred by the Partner until and unless a Change in Status is communicated to the PCA Business Office in accordance with III.C, above.

**Signatures**

\_\_\_\_\_  
Member

\_\_\_\_\_  
Partner

\_\_\_\_\_  
Principal Residence Address

\_\_\_\_\_  
Principal Residence City, State, Zip Code

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Date

**Member Witness:**

I \_\_\_\_\_ have reviewed the above document and to the best of my knowledge certify the relationship described meets the definitions in paragraph II above.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Number

**PCA Header**

---

Date