



SCA Woodworking Club

MEMBERSHIP RENEWAL FORM

The information you provide herein is for the sole use of the SCA Woodworking Club and its Board of Directors. This information will not be used for any other purpose.

Dues are \$25.00 per year

PRINT CLEARLY and REVIEW FORM

Date: _____

SCA Member # _____

Name

_____ Last

_____ First

Address: _____

Tel # _____

Cell Phone # _____

eMail Address: _____

EMERGENCY CONTACT: _____

Name

Telephone

Please make check payable to:

"SCA Woodchips Club"

Amount received: _____

By signing this form I agree to abide by the laws and policies of the Sun City Anthem Woodchips Woodworking Club. (Woodchips)

Member Signature _____

Date _____

For Office Use Only:

Date _____ Entered by _____ Transaction # _____