



MEMBERSHIP APPLICATION

MEMBER # 1 _____ SCA MEMBER # _____

MEMBER #2 _____ SCA MEMBER # _____

SCA ADDRESS _____

SCA TELEPHONE _____ SCA FAX _____

SCA TELEPHONE _____ SCA FAX _____

MEMBER # 1 EMAIL _____ MEMBER #2 EMAIL _____

MEMBER # 1 CELL PH _____ MEMBER # 2 CELL PH _____

MEMBER #1 BIRTHDAY (MONTH & DAY ONLY) _____ MEMBER #2 BIRTHDAY (MONTH & DAY ONLY) _____

YEARS RV EXPERIENCE _____ SCAVILLAGE NAME _____

RV RIG TYPE MOTORHOME TRAVEL TRAILER FIFTH WHEEL POPUP

DO YOU LEAVE PART OF THE YEAR? _____ WHEN TO WHEN? _____

ALTERNATE ADDRESS _____

ADMINISTRATIVE USE ONLY

Date membership fee received _____ Date entered on roster _____

Date decals and badges picked up _____

Administrative work completed by _____