

**SUMMERLAND COMMUNITY CENTRE ASSOCIATION
APPLICATION FOR MEMBERSHIP**

First name: _____ **Last name:** _____

Date of Birth: Year/Month/Day (M/F)

Address

Street: _____

Mailing: _____

Post Code: _____

Telephone: _____ e-mail: address: _____

In Case of an Emergency Contact Information:

First Contact: _____

Relationship _____ Phone: _____

Second Contact: _____

Relationship: _____ Phone: _____

Areas of interest(to help with planning)

I give SCCA permission to send me e-mails. Yes/No

Are you interested in volunteering at SCCA Yes/No

Membership runs from January 1st to December 31st each year.

Membership Fee:	Adult	\$30.00
	Youth (Under 19)	\$15.00
	Family (2+2)	\$75.00