



**SUMMERLAND  
Community Centre**

summerlandcommunitycentre@gmail.com

# Membership Application

Office use: Member # \_\_\_\_\_

Date card issued: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

I give SCCA permission to send me emails:            Yes            No

Street: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Activities of Interest: \_\_\_\_\_

Are you interested in volunteering at SCCA?	YES	No
If yes, what areas: kitchen, bartending, welcome table for events, gardening, building maintenance, set-up/take-down crews (tables/chairs), other: _____		
Skills/abilities: (e.g., computers, bookkeeping, organizing, music, sound systems, etc.) _____		

In Case of Emergency, Contact:

First Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Membership fees:	Jan 1-Dec 31	July 1-Dec 31
Adult	\$30.00	\$15
Youth (under 19)	\$15.00	\$ 7
Family (2+2)	\$75.00	\$35

<b>OFFICE USE ONLY:</b>		
Amt Paid/Received: \$ _____	Via: Chq / Cash / e-transfer	Per: _____
Date Received: _____	Date Membership Filed online: _____	Initials: _____