



MEMBERSHIP APPLICATION

TO APPLY FOR MEMBERSHIP, PLEASE PROVIDE ALL REQUESTED INFORMATION

PLEASE PRINT

DATE OF APPLICATION _____

FIRST NAME _____

LAST NAME _____

EMAIL ADDRESS _____

____(____)____ - _____ (Type: Mobile, Work, Home)

(Best to send notices, updates, and news concerning Springs Community Alliance)

CONTACT NUMBER

TYPE OF MEMBERSHIP

VOTING - \$5 (restrictions apply)

Voting Membership requires residence in the Springs Area or Employment in the Springs area. Members who serve on the Executive Committee will not be eligible to serve on county commissions and vice versa.

QUALIFYING STREET ADDRESS: _____

NON-VOTING (NO FEE)

Open to all that have an interest and support the mission/vision of the Springs Community Alliance

PAYMENT

CASH OR CHECK MADE PAYABLE TO THE SPRINGS COMMUNITY ALLIANCE

PAYMENTS CAN BE MADE IN PERSON AT THE COMMUNITY MEETINGS

OR MAIL TO: SPRINGS COMMUNITY ALLIANCE

PO BOX 1744

BOYES HOT SPRINGS, CA 95416

REASON FOR JOINING THE SCA? _____

PROCESSING

Date Processed _____

ADDRESS VERIFIED Yes No

PAYMENT Yes No _____

Application Processed By _____

