

APPLICATION FOR **NEW** SCMVCC
MEMBERSHIP
DUES ARE \$25 PER YEAR
DO NOT SEND THIS FORM FOR RENEWALS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

VEHICLE OWNED _____ Year _____

Note: . Vehicle ownership is not required for membership

TELEPHONE(S) HOME _____

CELL _____

WORK _____

EMAIL _____

Make checks payable to SCMVCC and mail to:
Treasurer
P.O. Box 614
Nuevo, California 92567